

S. No. 2
4-12-45
7. 5-17-39
I X47070

30558

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 315

FILED OCT 14 1946

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence, Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1517 Sterling
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Meyer
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 14 th
year 1946 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from
Sept 14 1946, to Sept 14 1946
that I last saw her alive on Sept 14
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 14, 1946
(Month) (Day) (Year)

Immediate cause of death
Prematurity
hair eye - cleft palate.
mental defective.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. _____ min.
9. Birthplace Independence Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

MOTHER FATHER {
11. Industry or business _____
12. Name Frederick Meyer
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Billian Anna Kalmus
15. Birthplace Groveton Texas
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
159

16. (a) Informant Fredrick Meyer
(b) Address 1517 Sterling, Indep. Mo.
17. (a) Burial (b) Date thereof 9/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri
19. (a) 9-23-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature George W. [Signature] (M. D. or other)
Address 11037 Ulmman Rd Date signed 9-16-46

254 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.