

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22850

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>		c. LENGTH OF STAY (In this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lolyd Fry Roofing Co. 5</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. 5 North Kansas City</u>			
3. NAME OF DECEASED (Type or Print) <u>Eldon L. Myers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 12, 1920</u>	
9. AGE (In years last birthday) <u>28</u>		10. MONTHS <u>-</u>		10. DAYS <u>-</u>		10. HOURS <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fry Roofing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Waldron Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank C. Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Myers</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Myers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>494-14-9659</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Myers R.5 North Kansas City</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrical Shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ADDITIONAL SUPPLEMENTED INFORMATION</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at work</u>		21c. (CITY, TOWN, OR TOWNSHIP); EQUES. COUNTY (STATE) <u>No. K.C. Clay Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-9-49 3:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Rec'd electrical charge</u>			
22. I hereby certify that I attended the deceased from <u>7-9 3:00 p.m.</u> to <u>7-9 7:00 p.m.</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. [Signature]</u>				23b. ADDRESS <u>No. K.C. Mo.</u>		23c. DATE SIGNED <u>7-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platt City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Platt City Missouri</u>	
DATE RECD BY LOCAL REG. <u>July 11-49</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 18

District Health Officer No.

District File Number

Date Filed

7-20-49

RECEIVED
AUG 3 1949
III 28 1949

AUG 31 1949

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

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Theron Smith

Licensed Embalmer No.

3928

P. O. Address

Wath Kansas

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

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