

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23624
3165

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3165

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo
c. LENGTH OF STAY (In this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menasha Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Florida
b. COUNTY Duvall
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jacksonville
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED
a. (First) Joan
b. (Middle) S.
c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year)
7 19 50

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9-14-21

9. AGE (In years last birthday) 28
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (State or foreign country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Arthur Stein

13b. MOTHER'S MAIDEN NAME Friedman

14. NAME OF HUSBAND OR WIFE Robert N. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 497-14-3837

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Robert N. Myers Jacksonville Florida

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of lungs.
ANTECEDENT CAUSES liver, lymph glands
DUE TO (b) Carcinoma of Breast
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 weeks
2 1/2 yrs
1 yr

19a. DATE OF OPERATION Jan 1948

19b. MAJOR FINDINGS OF OPERATION Carcinoma of left Breast.

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948 to July 19, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 9:25 AM from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.

23b. ADDRESS 206 Bayou Bluff Kansas City, Mo

23c. DATE SIGNED July 20, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 21, 1950

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 7-21-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. Newsum Sons 1331 Brush Creek Kansas City, Mo.

WRITE PLAINLY—USING 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 _____

Albert L. Savage

working under my personal supervision.

Student Embalmer No. 360

Signed Albert L. Savage
Student Embalmer 360

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 Mo

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.