

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

10072

Do not use this space.

201-32  
 REC'D APR 23 1938

1. PLACE OF DEATH

7 (a) County Bates Registration District No. 53  
 (b) Township Osage Primary Registration District No. 3005 Registered No. 14  
 (c) City Rich Hill (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SALLY ANN MYERS 620

(a) Residence, No. E PARK AVE St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. E. MYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 23 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 6 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 26-1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON Co. MISSOURI

FATHER 13. NAME T. A. HORNE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

MOTHER 15. MAIDEN NAME Miss Jane Booths

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT WM HORNE (BROTHER)  
 (ADDRESS) Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE GREEN HAVEN DATE 3/7/38

19. FUNERAL DIRECTOR Booths Funeral Home  
 (ADDRESS) \_\_\_\_\_

20. FILED 28 James [unclear]  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to March 6, 1938.

I last saw her alive on March 5, 1938, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4a m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis.

Date of onset

Other contributory causes of importance:

APP

Name of operation None Done None

What test confirmed diagnosis? Insp. Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. M. Rice, M. D.

(Address) Butler Mo

STATEMENT BY LICENSED EMBALMER

I, John G. Underwood, Licensed Embalmer No. 3585  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John G. Underwood  
Licensed Embalmer No. 3585

**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.)**