REC'D DEC 13 1938

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

38620
Do not use this space.

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1. PLACE OF DEATH
(a) County Buchanan | Registration District No. 85
(b) Township | Primary Registration District No. 1001 | Registered No. 1125
(c) City St. Joseph, | (d) Street No. Mercy Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 Eli Irvin Myers,
(a) Residence, No. 3002 South 28th, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lena Myers,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan'y 15, 1861
7. AGE: YEARS 77 | MONTHS 9 | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Gardener
9. Industry or business in which work was done, as saw mill, bank, etc.: Truck
10. Date deceased last worked at this occupation (month and year): Nov. 1929
11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Kentucky,

FATHER
13. NAME: Melton Myers,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

MOTHER
15. MAIDEN NAME: Eliza Arthur,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia,

17. INFORMANT (ADDRESS): Mrs. E. I. Myers 3002 So. 28th. Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Nov. 11th, 38
19. FUNERAL DIRECTOR (ADDRESS): Heaton - Bt Gale & Bowman 319 So. 10th. Street, Funeral Home
20. FILED 11/12 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 9th, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-5-38, 19..., to 11-9-, 1938
I last saw him alive on 11-8-, 1938. Death is said to have occurred on the date stated above, at 11:03 a.m.
The principal cause of death and related causes of importance were as follows:
myocardial degeneration, complicated by hypostatic pneumonia
Date of onset: ?
Other contributory causes of importance: 93C
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No
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? No.
If so, specify .....
(Signed) Dr. G. C. Stevenson D.O. ~~M.D.~~
(Address) Mercy Hospital St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Nov. 9, 1938

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)