

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

48753
Do not use this space.

REC'D JAN 24 1939

1. PLACE OF DEATH

(a) County Marion 2 Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029
 (c) City Hannibal, (d) Street No. 1000 Center St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1000 Center 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 Female 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 Mr. Evert Flinn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17, 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 9 24
 OCCUPATION 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. Own Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /

FATHER 13. NAME William J. Myers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /

MOTHER 15. MAIDEN NAME Sarah A. Walker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois /

17. INFORMANT Everett Flinn
 (ADDRESS) 1000 Center, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rutledge Mo. DATE Dec. 13 38

19. FUNERAL DIRECTOR Smiths' Funer. Home
 (ADDRESS) 902 Broadway Hannibal Mo

20. FILED Dec 11, 1938 H. C. Fisher
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1938, to Dec 10, 1938
 I last saw him alive on Dec - 10, 1938 Death is said to have occurred on the date stated above, at 12:49 A.M.

The principal cause of death and related causes of importance were as follows:

myocarditis

9381

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) [Signature] M. D.
 (Address) [Address]

WRITE 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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MAY 26 1953

STATEMENT BY LICENSED EMBALMER

I, Crawford Smith, Licensed Embalmer No. 3814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Louis Quest

L. E.

No. _____ or by _____, Registered Apprentice No. 100

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

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.)