REC'D JUL 17 1939

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

22358
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township or City Joplin
(c) Length of residence in city or town where death occurred yrs. mos. ds.
Registration District No. 411
Primary Registration District No. 2002 Registered No.
(d) Street No. Freeman Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza J. Myers
(a) Residence, No. 620 St. Stark City, Mo.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1858
7. AGE Years 80 Months 9 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtonia Mo

FATHER
13. NAME James Huffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bailey Co. Va

MOTHER
15. MAIDEN NAME Jane Shannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) F. Roy E. Myers Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon Cem DATE 6/16 1939
Stark City Mo.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlburt Hall Joplin Mo
20. FILED 6-18 1939 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939, to June 14, 1939
I last saw her alive on June 14, 1939. Death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of intestinal obstruction	6/1/39
Myocardial degeneration	
93C	

Other contributory causes of importance:
fibromata uteri

Name of operation none Date of
What test confirmed diagnosis? CKG 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) S. A. Grantham, M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

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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RECEIVED
District Health Officer No. 6,
District File Number 739-1393
Date Filed JUL 1 9 1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 959

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.