DEC 11 1939

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

39093
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 1227

(c) City St. Joseph — (d) Street No. Mo. Meth. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GRACE R. MYER

(a) Residence, No. 2307 Cedar 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie E. Myer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24th. 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	0	3	

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.

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) Princeton Ill.

FATHER

13. NAME Joseph I. Burkhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Point Iowa

MOTHER

15. MAIDEN NAME Mary Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watson Station Ill.

17. INFORMANT (ADDRESS) Norman Myer 2307 Cedar St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE Nov. 29th. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED Nov 29 1939 A. J. Nestlebush as Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27th. 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1939, to 11-27, 1939

I last saw her alive on 11-27, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Tularaemia	11-10-39

Other contributory causes of importance: 44D

Name of operation None Date of x

What test confirmed diagnosis? Lab 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) Owen W. Craig, M. D.

(Address) St. Joseph Mo

(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.

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

X14028

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 C G Swan

Licensed Embalmer No. 48 82

P. O. Address St Joseph,

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, above space should be left blank.