

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42591

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 0301

1. PLACE OF DEATH: 2
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1216 East Pierce Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 58-7-10 (Specify whether years, months or days)

3. (a) PRINT FULL NAME City A. Myers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Enola B. Myers 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 7 5 1881
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Kirkville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____

MOTHER FATHER
12. Name Harom H. Myers
13. Birthplace Knox Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Muriel Furr
15. Birthplace Knox Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Enola B. Myers
(b) Address 1216 East Pierce St

17. (a) Burial (b) Date thereof 12-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Dee Riley
(b) Address Kirkville Mo. 3

19. (a) Dec. 16/39 (b) Spencer L. Deeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Same
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1939 hour 8 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov. 4/1939
to Dec 15th 1939

that I last saw him alive on Dec. 15th 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with
valvular disease
Due to _____
Due to _____

Duration
?
?

Other conditions Nephritis chronic interstitial
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Geo. F. Sussel (M. D. or other) 1
Address Kirkville Mo. Date signed 12/16/39

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-93

Date Filed JAN 8 1940

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.....

P. O. Address.....

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.