

JAN 15 1940

Registration District No. 1076Primary Registration District No. 5680Registrar's No. 2

## 1. PLACE OF DEATH:

- (a) County Livingston *Fairview Twp.*  
 (b) City or town Avalon *Mo.*  
 (If outside city or town limits, write "RURAL" and name of township)  
Main Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 81 years  
 years, months or days

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Livingston  
 (c) City or town Avalon Fairview Twp.  
 (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 27  
 year 1939 hour 6 minute — M.  
 21. I hereby certify that I attended the deceased from June 31 1931 to 12-27- 1939  
 that I last saw her alive on 12-23- 1939  
 and that death occurred on the date and hour stated above,  
 Immediate cause of death Hypertension Duration 1

Due to arterio-sclerosisDue to MIOther conditions MI  
 (Include pregnancy within 3 months of death)Major findings:  
 Of operations \_\_\_\_\_Of autopsy NO

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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) (Means of injury)

23. Signature Frank B. Norman (M. D. or other) 12-27-  
 Address Chillicothe Mo Date signed 1939

8. (a) PRINT FULL NAME Martha Ann (Davis) Myers 670

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wm. E. Myers 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased September 20 1856  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 3 7 hr. min.

9. Birthplace Toconoxie Mississippi  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

## 11. Industry or business \_\_\_\_\_

- MOTHER FATHER  
 12. Name Thomas Davis  
 18. Birthplace Kentucky Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Andie Ruff  
 15. Birthplace Texarkana Texas  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William E. Myers

- (b) Address Avalon, Missouri

17. (a) Burial (b) Date thereof 12-28-'39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Avalon Cemetery

18. (a) Signature of funeral director Frank B. Norman

- (b) Address 434 Locust Chillicothe, Mo

19. (a) Dec. 28 1939 (b) Mrs. Ches. Lusk  
 (Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 17,  
District File Number 140-1911  
Date Filed JAN 12 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.....

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.