

See also 26073-39

JAN 10 1939

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

44958  
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Wayne* Registration District No. *893*

(b) Township *Cedar Creek* Primary Registration District No. *6195a* Registered No. ....

(c) City ..... (d) Street No. .... St. ....

(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 *L. J. Grover M. Myers*

(a) Residence, No. *Granettown, Mo.* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

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 *Larise Myers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 1 - 1894*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>54</i>	<i>5</i>	<i>14</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Carpenter*

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 *Life*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 15 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Apr 6*, 1939, to *Apr 15*, 1939. I last saw him alive on *Apr 15*, 1939. Death is said to have occurred on the date stated above, at *3-10 P.M.*

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

*Acute Poisoning*

Date of onset *4/6/39*

Other contributory causes of importance: *175 P.A.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Granettown, Wayne Co, Mo.*

FATHER

13. NAME *M. M. Myers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Davidson Co, N. C.*

MOTHER

15. MAIDEN NAME *Liza C. Brinsley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson Co, Mo.*

17. INFORMANT (ADDRESS) *O. A. Myers Greenville, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Granettown, Mo.* DATE *Apr 16 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Cray Greenville*

20. FILED *Aug 13 1939* *J. F. Pauline* Local Registrar.

Name of operation ..... Date of ..... What test confirmed diagnosis? *March* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *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) *O. A. Myers* M. D. (Address) *Greenville, Mo.*

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.

Keep this one

1 X1204

# Wrate - 2-23-17-  
M.S.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**