

1940 AUG 28

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

26486  
Do not use this space.

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.

1. PLACE OF DEATH  
 (a) County Sullivan Registration District No. 497  
 (b) Township 0 Primary Registration District No. 4300A Registered No. 16  
 (c) City Browning (d) Street No. \_\_\_\_\_ 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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Washington Myers  
 (a) Residence, No. Browning, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Mary Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R.R. Work.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Work.  
 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) Near Browning, Mo.

FATHER  
 13. NAME Jacob Myers  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near

MOTHER  
 15. MAIDEN NAME Melinda Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning, Mo.

17. INFORMANT (ADDRESS) Mary Myers, Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Aug 11, 1940

19. FUNERAL DIRECTOR (ADDRESS) A. P. Pritchard, Browning, Mo.

20. FILED Aug 12, 1940 Mrs. Lily Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9th 1940

22. I HEREBY CERTIFY, That attended deceased from June 18, 1940, to Aug 9, 1940, 1940  
 I last saw him alive on Aug 8, 1940. Death is said to have occurred on the date stated above, at 8:00 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Chronic nephritis  
 Date of onset 1937

Other contributory causes of importance:  
Chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. McArdle, M. D.  
Browning, Mo. (Address)

(Licensed Embalmer's Statement on Reverse Side)

746 No Social Security No.

STATEMENT BY LICENSED EMBALMER

I, A. J. Pavin, Licensed Embalmer No. 1407

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

L. E.

No. \_\_\_\_\_ or by: \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed A. J. Pavin  
Licensed Embalmer No. 1407

**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.)**