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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35439**
Registrar's No. **26**

Registration District No. **14**

Primary Registration District No. **4211**

NOV 19 1940

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 32 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Harmon 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 Widowed
6. (b) Name of husband or wife Sarah Johnston Myers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 22 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 24 _____ hr. _____ min.

9. Birthplace Green County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Frank Myers

13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Pollyanna Kinney

15. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. D. Muir
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Oct 18-40
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri
Huston-Turner

18. (a) Signature of funeral director _____
(b) Address Windsor, Missouri

19. (a) 10-18-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 401 E. Florence
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1940 hour 5:00 p m minute _____ M.

21. I hereby certify that I attended the deceased from July 10, 1940, to Oct 16, 1940; that I last saw him alive on Oct 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Benignous Anemia 6 yrs.

Due to _____
Due to _____

Other conditions Ulceration of stomach 5 Mo.
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

Duration
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?
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While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. A. Blackmore (M. D. or other) 1
Address Windsor, Mo Date signed 10-17-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No: 7;

District File Number 11-40-1429

Date filed 11-13-40

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.....

E. M. Hinton

Licensed Embalmer No.....

3391

P. O. Address.....

Windsor, Mo

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, fact should be so stated above.