No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43318

Registration District No. 615 Primary Registration District No. 5817 Registrar's No. 17.

1. PLACE OF DEATH:
(a) County NEWTON
(b) ~~City or town~~ DIAMOND (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 (Specify whether years, months or days)
In this community 13 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town DIAMOND (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH KATHERINE MYERS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JOHN H. MYERS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 2 (Day) 1867 (Year)
8. AGE: Years 73 Months 6 Days 10 If less than one day hr. min.
9. Birthplace CAMPAIGN CO. (City, town, or county) OHIO (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
MOTHER FATHER
12. Name JOHN KAISER
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Mrs. H. B. Fawley
(b) Address DIAMOND MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation REPUBLIC MO
18. (a) Signature of funeral director Corley Thompson
(b) Address NEOSHO MO.
19. (a) DEC. 21st 1940 (Date received local registrar) (b) MRS. H. B. CHAPMAN (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day DECEMBER year 1940 hour 12 minute M.
21. I hereby certify that I attended the deceased from Nov. 1st Nov. 1st, 1940 to Dec 20th, 1940 that I last saw her alive on Dec. 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDITIS & CORONARY OCCLUSION	10 YRS.
Due to CORONARY DISEASE	
Due to ARTERIO SCLEROSIS	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Crawford (M. D. or other)
Address Diamond Mo. Date signed Dec. 21st 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 141-76
Date Filed JAN 9 1941 JAN 9 1941

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 Earl K. Gay

Licensed Embalmer No. 4155

P. O. Address Neosho, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.