

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4735

Registration District No. C07

Primary Registration District No. 4538

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Totosi  
(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  
In this community years, months or days)

3. (a) PRINT FULL NAME ELIZABETH BELL MYERS

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 2. Widowed  
6. (b) Name of husband or wife George Myers 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Jan. 25 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 11 hr. min.

9. Birthplace Totosi Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name John O'Burne  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Sadie McManama  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Myers

(b) Address Totosi Mo.  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/8/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Totosi Mo.

18. (a) Signature of funeral director J. B. Bayne

(b) Address Totosi Mo.

19. (a) Jan 14 (b) G. F. Bessner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington  
(c) City or town Totosi Mo.  
(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 12 day 6 - 1  
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 11 1940  
to Dec 12 1940

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to \_\_\_\_\_

Due to Unusual Cause

Other conditions (include pregnancy within 3 months of death) 12/8/40

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?  
808 (Specify type of place) (e) Means of injury

23. Signature Samuel B. Baum (M. D. or other) D

Address Totosi Mo Date signed \_\_\_\_\_

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

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**