

FILED MAR 19 1941

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

Do not use this space.

8327

1. PLACE OF DEATH

County *Scotland*Registration District No. *810-99*

File No.

Township

Primary Registration District No. *4488*Registered No. *12*

City

Memphis

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

widow 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Joseph H Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 8 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*76**8**16*

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Scotland County, Mo

MOTHER

13. NAME

Richard Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lewis County, Mo

15. MAIDEN NAME

Harriet McJure

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

2nd Merwin, Mo

17. INFORMANT (ADDRESS)

Richard Craig

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memphis Cemetery

DATE

2/26

1941

19. UNDERTAKER (ADDRESS)

W. W. Payne & Sons 725

20. FILED

*3-10-1941**E. E. Parrish*

Registrar.

1941 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 24

19

22. I HEREBY CERTIFY, That I attended deceased from

April - 23

19

Feb - 24

19

I last saw him alive on *Feb - 23*, 19to have occurred on the date stated above, at *1:25 P. M.*

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

*bronchial pneumonia
de Myocardial Decompensation
Arteriosclerosis
Rheumatic Hypertrophies*

Date of onset

2-22-41

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *C. X* Was there an autopsy? *no*

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? *no*

If so, specify

(Signed)

E. E. Parrish

M. D.

(Address)

Memphis, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 3-41-609

Date Filed MAR 14 1941

Registration District No. 810

Primary Registration District No. 4488

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Missie Sutton Meyers

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 41 hour _____ minute _____ M.

4. Sex F 5. Color or race W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years _____ Months 8 Days 16 If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

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

10. Usual occupation housewife

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name _____

Of operations _____

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

Of autopsy _____

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-10-41 (b) E. E. Parrish
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature E. E. Gelfellin (M. D. or other) _____
Address Memphis Mo Date signed _____

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

SUPPLEMENTARY

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, fact should be so stated above.