

2
3-17-41
I X2149

APR 9 1941

430

State File No. _____

Registration District No. 5586

Primary Registration District No. 4256

Registrar's No. 430

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Lecton Mo
(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 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County Mo

(c) City or town Lecton 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.

3. (a) PRINT FULL NAME Jda Nanette Mysro

(b) If veteran, name war _____

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 7 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 18, _____, 1940, to March 7, _____, 1941;

that I last saw her alive on March 6, _____, 1941; and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. J. Mysro

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 7, 1859
(Month) (Day) (Year)

Immediate cause of death Carcinoma

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>			hr. _____ min.

Due to W. tumor carcinoma with gen. metastasis.

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Hugh Larrimus

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

14. Maiden name Mary Core

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

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? _____

16. (a) Informant Moham. Bush

(b) Address Allegan Mills Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9-41
(Month) (Day) (Year)

(c) Place: burial or cremation Centerview Mo

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. P. E. Star (M.D. or other) P. E.

Address Lecton, Mo. Date signed 3/8/41

18. (a) Signature of funeral director Geo. E. Mysro

(b) Address Cleveland Mo

19. (a) April 4, 1941 (b) Annabel Reynolds
(Data supplied local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-2-7

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 Geo. E. Myers
Licensed Embalmer No. 2517
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.

o. 2
4-41
7-39
X26390

Registration District No. H30

Primary Registration District No. 4256

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Lecton
(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 Missouri (b) County Johnson

(c) City or town Lecton, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ida Nanette Myers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 7
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

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

that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

8. AGE: Years 82 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

Underline the cause to which death should be charged statistically.

PHYSICIAN _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 6 1941 (b) Amabel Reynolds
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. E. Starr (M. D. or other) _____

Address Lecton Mo. Date signed _____

SUPPLEMENTARY

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

S-11097

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.....

.....
working under my personal supervision. Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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