

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11350
Registrar's No. 81

Registration District No. 547

Primary Registration District No. 3029

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

In this community 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Virginia Myers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female race White

5. Color or race White

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

6. (b) Name of husband or wife Charles Dick Myers

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

7. Birth date of deceased June 9, 1858
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>82</u> | <u>8</u> | <u>23</u> | hr. _____ min. _____ |

9. Birthplace Near New London in Ralls County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James B. Gregory

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

14. Maiden name Minerva Wilson

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

16. (a) Informant Dr. S. J. Ryan

(b) Address 512 Hill

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/4/41
(Month) (Day) (Year)

(c) Place: burial or cremation Flint Hill

18. (a) Signature of funeral director Graves Smith

(b) Address 902 Broadway HX 8

19. (a) March 10, 1941
(Date received local registrar)

(b) H. C. Fisher
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 512 Hill
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1941 hour 5 minute 55 A. M.

21. I hereby certify that I attended the deceased from 2-28, 1941, to 3-3, 1941.
that I last saw her alive on 3-2, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to _____

Due to _____

Other conditions A2A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature H. Daniel (M. D. or other) 0

Address Hannibal Mo Date signed 3-7-41

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 *James A Moles*.....

Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal Missouri.....

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.