FILED MAY 23 1941

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14952

Registration District No. 445 Primary Registration District No. 5605 Registrar's No. 23

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

51
0
0

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rural - Fabius (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 Newark, Mo - RFD. 74 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 51

(c) City or town Newark 0 (If outside city or town limits, write "RURAL")

(d) Street No. 3 Mo. Hwy S, Newark 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Inez Allen Myers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife George W. Myers.

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

7. Birth date of deceased Sept (Month) 12 (Day) 1866 (Year)

8. AGE: Years 74 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Knox Co (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business — None

FATHER
12. Name Thomas Abbott
13. Birthplace ~~Ohio~~ Not Known (City, town, or county) 1 Ky. (State or foreign country)

MOTHER
14. Maiden name Sarah Williams
15. Birthplace Not known (City, town, or county) 1 Ky. (State or foreign country)

16. (a) Informant Nora Reamey
(b) Address Newark Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Newark Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Bethel, Mo.

19. (a) April 19 1941 (Date received local registrar) (b) Mrs. C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 16 year 1941 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from Apl-11- 1941 to Apl-16 1941 that I last saw her alive on 4-16- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, Apoplexy — Duration 2 days

Due to Essential Hypertension

Due to

Other conditions Chr. Valvular Heart Disease, Mitral Heart Disease

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Over 7 yrs duration

Of autopsy None

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? 3 6 5 (e) Means of injury

23. Signature S W Holt (M. D. or other) 0

Address Newark, Mo Date signed 4-16-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 5-41-929
Filed MAY 14 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 Self, Registered Apprentice No. ..... working under my personal supervision.

Signed C W Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, Mo.

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

If this body is not embalmed, above space should be left blank.