

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38363

State File No. _____

DEC 18 1941

Registration District No. 328

Primary Registration District No. 5462

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. Grundy
(b) City or town. Rural Lincoln Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 Hr.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Marion Jacob Myers

8. (b) If veteran, name war. _____ 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. June 9 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 9 _____ hr. _____ min.

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

10. Usual occupation. Farm Labor

11. Industry or business _____

12. Name. John Myers

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

14. Maiden name. Anne Judd

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

16. (a) Informant. Lewis Myers

(b) Address. Spickard Mo.

17. (a) Burial (b) Date thereof Nov. 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wild Cem. Mercer Co. Mo.

18. (a) Signature of funeral director. Chas. E. Schooler

(b) Address. Spickard Mo.

19. (a) 11-19-1941 (b) Gene H. Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Grundy
(c) City or town. Rural
(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 Nov. day 18
year 1941 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from 11-17, 1941, to 11-18, 1941;
that I last saw him alive on 11-17-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Congestive Heart Failure 2 days

Due to. Chronic myocarditis Several Months

Due to. Chronic Interstitial Nephritis Several Months

Other conditions. Arterial Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. D

23. Signature. J. R. Rooks (M. D. or other) _____

Address. Orenton Mo Date signed 11-19-41

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

MOTHER FATHER

300

(Licensed Embalmer's Statement on Reverse Side)

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.....

Ross Wise

Licensed Embalmer No.....

3771

P.O. Address.....

Spickard M

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.