C. J. Allen MD.

V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1653

Primary Registration District No. 3005

Registrar's No. 5

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

7
2
0

1. PLACE OF DEATH:

(a) County BATES

(b) City or town RICH HILL 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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES

(c) City or town RICH HILL MO
(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 BARBARA ALICE MYERS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife MYERS

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

7. Birth date of deceased MAY (Month) 16 (Day) 1860 (Year)

8. AGE: Years 81 Months 8 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business .....

FATHER
12. Name HENRY FITCH
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name JONES
15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

16. (a) Informant Harmon Gregory
(b) Address Rich Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation GREENLAWN

18. (a) Signature of funeral director Booth Funeral Service
(b) Address Rich Hill Mo

19. (a) Jan 27. 42 (Date received local registrar) (b) Claude J. Allen (Registrar's signature) J. V.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1942 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 1941, to Jan 25 1942; that I last saw her alive on Nov 15 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Claude J. Allen MD (M.D. or other)

Address Rich Hill Mo Date signed 1/26/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-42-30
Date Filed 2-9-42

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 John L Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

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.