

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2151

FILED FEB 12 1942 75

State File No. _____

Registration District No. _____

Primary Registration District No. 5381

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Lincoln

(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

3. (a) PRINT FULL NAME Billy Leslie Myers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased September 2 1941
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	4	21	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Vester Myers

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

14. Maiden name Ransv Wood

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

16. (a) Informant _____

(b) Address Benny Myers R. 3, Ava, Mo.

17. (a) Burial (b) Date thereof 1-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 2/2/42 (b) Helena S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL-RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. Route 3
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 23-42
only, 19____, to _____, 19____;
that I last saw him alive on Jan 23, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia

Due to _____

Due to _____

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

Major findings: 108

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 _____

23. Signature J. L. Gentry (M. D. or other) _____

Address Ava, Mo. Date signed 1-31-42

1036

Dr. J. L.

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..... *M. B. Hutcherson*

Licensed Embalmer No. *3431*

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, fact should be so stated above.