

No. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8111

FILED MAR 9 1942

Registration District No. 1942

Primary Registration District No. 3039

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 da
(Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 209 S Pine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Myers

3. (b) If veteran, name war no
3. (c) Social Security No. 491-05-894

4. Sex M 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lila Myers
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Feb 20, 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 10
If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business M.F.A. Oil Co.

12. Name Elmer Myers

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

14. Maiden name Ona Pierce

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

16. (a) Informant Lila Myers

(b) Address 209 S Pine St Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/42
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Fred J. J. J. J. (Specify type of place) (e) Means of injury

(b) Address Nevada, Mo
19. (a) 2-5-42 (Date received local registry) (b) Allen V. J. J. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour 4:10 minute A M.
21. I hereby certify that I attended the deceased from Jan 24
1942 to Jan 30 1942;
that I last saw him alive on Jan 30 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death acute generalised peritonitis
Due to acute perforated gastric ulcer
Due to chronic gastric ulcer which perforated
Other conditions cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations perforated gastric ulcer on anterior surface lesser curvature
Of autopsy 1/1a

Duration 6 da
6 da
1-2 yrs
2 da
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? _____

23. Signature [Signature] (M. D. or other) 0
Address Nevada, Mo Date signed 2-5-42

1231 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-42-210

Date Filed 3-6-42

JAN 17 1951

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 L. Lloyd B. Winnick

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.