S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9998

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 106

01 3 3

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 202 E. Filmore (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair 001
(c) City or town Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No. 202 E. Filmore (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rachel Ann Myers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lyman G. Myers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 28 (Month) 1858 (Day) (Year)
8. AGE: Years 84 Months 2 Days 1 If less than one day hr. min.
9. Birthplace West Liberty (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business Domestic
FATHER 12. Name Martin Tooman
13. Birthplace West Liberty (City, town, or county) Iowa (State or foreign country) 1
MOTHER 14. Maiden name Delilah Sells
15. Birthplace West Liberty (City, town, or county) Iowa (State or foreign country) 1
16. (a) Informant Mrs. R. A. Mathur
(b) Address Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park
18. (a) Signature of funeral director Jones Funeral Home
(b) Address ~~XXXXX~~ Kirksville, Mo.
19. (a) Mar. 31, 1942 (Date received local registrar) Mrs. L. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1942 hour One minute 42 A.M.
21. I hereby certify that I attended the deceased from March 28, 1942 to March 29, 1942 that I last saw her alive on March 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure
Due to chronic Myocarditis
Due to
Other conditions None. (Include pregnancy within 3 months of death)
Major findings:
Of operations No operations
Of autopsy No 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 A. R. Schultz (M.D. or other) D.O.
Address 611 E. Pierce Kirksville Date signed 3/30/42

1641

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-10-786
Date Filed APR 15 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.