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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 19 1942

Registration District No. 7

Primary Registration District No. 5941

Registrar's No. 46

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

85
0
0

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Laquey Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County Pulaski 85

(c) City or town Laquey

(If outside city or town limits, write "RURAL")

(d) Street No. Rural

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Melton 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 Married

6. (b) Name of husband or wife Lillie Myers

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 8th (Month) 1867 (Day) (Year)

8. AGE: Years 75 Months 2 Days 12 If less than one day hr. min.

9. Birthplace West Morland Co (City, town, or county) Penn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Christopher Myers
13. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Margret Duncan
15. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

16. (a) Informant Lillien Myers

(b) Address Laquey Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R B Jeeper

(b) Address Richland Mo

19. (a) 5-3-1942 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/20/41 day 5 year hour minute a M.

21. I hereby certify that I attended the deceased from Jan 1930 to Mar 20, 1942 to 19 that I last saw him alive on Mar 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Artsclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

97

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

23. Signature R. Howlett (M. D. or other)

Address Richland Mo Date signed 4-26-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 542-136
Date Filed 5-15-42

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 R B Jupee

Licensed Embalmer No. 3198

P. O. Address Richland

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.