S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25543

Registration District No. 863-356 Primary Registration District No. 6209 Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town HOUSTON PINEY
(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 6 MO.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas
(c) City or town ~~Houston~~ KINDER POST 100 MO
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MILLARD HASKELL MYERS
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Grace Myers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 19 (Day) 1853 (Year)

8. AGE: Years 88 Months 5 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) OHIO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Social Security Office
(b) Address Houston, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation HOUSTON
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo.
19. (a) 4/25/42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 1942 year hour minute a M.
21. I hereby certify that I attended the deceased from 4/17/42 19 to 4/24/42 19 ; that I last saw him alive on 4/23/42 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Che myocarditis

Due to Heart [illegible]

Due to arteriosclerosis & senility

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

Major findings:
Of operations 93d
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 Neal Haskell (M. D. or other)
Address Houston, Mo. Date signed 4/24/42

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 7425-69
Date Filed 8-14-42

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 No Embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.