

Registration District No. 187

FILED SEP 11 1942
Primary Registration District No. 3040

Registrar's No. 139

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

59
1
2

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 Webster St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
(Specify whether
In this community 22 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 Webster St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME WILLIAM ABLE MYRICK

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Aug. day 14
year 1942 hour 2 minute 10 P. M.

4. Sex Male 5. Color or race White

21. I hereby certify that I attended the deceased from April
1939 to Aug 14 1942

6. (a) Name of husband or wife Ethel Myrick 6. (c) Age of husband or wife if alive 61 years

that I last saw him alive on August 9 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 5 1872
(Month) (Day) (Year)

Immediate cause of death
Chronic nephritis 3 yrs

8. AGE: Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>8</u>	<u>XX</u> hr. <u>XX</u> min.

Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death)
131 f

10. Usual occupation Grocer (retired)

Major findings: Of operations _____

11. Industry or business XXXX

Of autopsy _____

12. Name Lafayette Myrick

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

14. Maiden name Emma Dawns

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

16. (a) Informant Mrs. Ethel Myrick
(b) Address Chillicothe, Mo.

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

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James Gordon 1970
(b) Address Chillicothe, Mo.

19. (a) Aug 17-1942 (b) Lou Ella Corry
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other)
Address Chillicothe Mo Date signed 8/15/42

Duration
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Donald F. Gordon

Licensed Embalmer No. *4191*

P. O. Address. *Phillips, 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.