

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1802

Registration District No. 750

Primary Registration District No. 945

91  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Ripley  
(b) City or town: Doughan, Mo.  
(c) Name of hospital or institution: Williams Hospital  
(d) Length of stay: In hospital or institution: 9 days  
In this community: 39 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ripley  
(c) City or town: Rural  
(d) Street No.:  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME: GRACE IVY MYRICK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 18, year 1941, hour \_\_\_\_\_, minute \_\_\_\_\_, M.

21. I hereby certify that I attended the deceased from December 9, 1941, to December 18, 1941; that I last saw her alive on December 18, 1941; and that death occurred on the date and hour stated above.

4. Sex: female, Color or race: white  
5. (a) Single, widowed, married, divorced: married  
6. (b) Name of husband or wife: James Myrick  
7. Birth date of deceased: July 19, 1902

Immediate cause of death: Pneumonia

8. AGE: Years 39, Months 4, Days 30

Due to: Influenza

9. Birthplace: Grandin, Mo.

Due to: 330  
Other conditions: 20

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Emma Thompson

13. Birthplace: Grandin, Mo.

14. Maiden name: Nancy Ann Bond

15. Birthplace: Bullinger county, Mo.

16. (a) Informant: Stella Biful

(b) Address: Pecan, Ill.

17. (a) Burial (b) Date thereof: 12-20-41

(c) Place: burial or cremation: Macedonia

18. (a) Signature of funeral director: Blackwell Mestany

(b) Address: Doughan, Mo.  
19. (a) 2-10-42 (b) E. B. Johnston

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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?:  
(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: J. Williams (M. D. or other)  
Address: Doughan Date signed: 12/20/41

RECEIVED

District Health Officer No. 5,

District File Number 842642

Date Filed 8-20-42

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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.....

*Julie D. Russell*

Licensed Embalmer No. 3255

P. O. Address Corning, Ark.

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.