

FILED OCT 15 1942
Registration District No. 784

Primary Registration District No. 3039

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline
(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 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Linn
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. E. Howell
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME John A Myers
3. (b) If veteran, name was _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Sept day 25
year 1942 hour 7 minute 0 PM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above,

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Nancy Catherine Hedrick 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 24 1882
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis Duration _____

8. AGE: Years Months Days If less than one day
90 3 1 hr. _____ min.

Due to Chronic prostatic infection

9. Birthplace Palate Ind.
(City, town, or county) (State or foreign country)

Due to Hypertrophy of prostate

10. Usual occupation Retired Farmer

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

11. Industry or business _____
12. Name John C Myers
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Kirby
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature J. I. [unclear]
(b) Address Marceline mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation at Olivet Cem

(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director James M. [unclear]
(b) Address Marceline mo

23. Signature P. J. Petruick (M. D. or other) _____
Address Marceline mo Date signed 9/27/42

19. (a) 9-29-42 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

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 James M. Feaglin
Licensed Embalmer No. 1274
P. O. Address Marceline 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, above space should be left blank.