

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1943

Registration District No. 25

Primary Registration District No. 413

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town Brunswick
 (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 _____
years, months or days3. (a) PRINT FULL NAME JOHN 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 Married6. (b) Name of husband or wife Adeline Myers 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 18, 1862
(Month) (Day) (Year)8. AGE: Years 80 Months 5 Days 17 If less than one day _____ hr. _____ min.9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

12. Name John Myers Sr.13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Rout Kuman15. Birthplace Rout Kuman
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. John Myers(b) Address Brunswick Mo17. (a) Burial (b) Date thereof 12-7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brunswick Mo18. (a) Signature of funeral director R. M. Hessel(b) Address Brunswick Mo19. (a) 12-7-1942 (b) A. L. Hines
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
 (c) City or town Brunswick
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1942 hour 5 minute 30 P.M.21. I hereby certify that I attended the deceased from Nov. 23-42
1942 to Dec 4 1942that I last saw him alive on Dec 4 1942
and that death occurred on the date and hour stated above.Immediate cause of death Apoplexy

Due to _____

Due to senilityOther conditions _____
(Include pregnancy within 3 months of death)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? _____
(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 J. L. Fisher M.D. or other DOAddress Brunswick, Mo Date signed 12/5-42

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-12-43

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 _____

L. W. Mausel
Licensed Embalmer No. 822

P. O. Address Brunswick 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.