

JAN 21 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Beulah, Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Hosp # 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo - 5 da
(Specify whether
In this community 2 mo 5 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laclede
(c) City or town Brownfield
(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 _____

3. (a) PRINT FULL NAME Marcus M. Myers

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex m 5. Color or Race w 6. (a) Single, widowed, married, divorced, separated
6. (b) Name of husband or wife Chara Myers 6. (c) Age of husband or wife if alive, unknown years
7. Birth date of deceased Mar 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 21 hr. min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Myers

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

14. Maiden name Sarah McHale

15. Birthplace Lena 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp Record

(b) Address Nevada, MO.

17. (a) Burial 1242 (b) Date thereof Dec. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Missouri

18. (a) Signature of funeral director E. N. Stewart

(b) Address Lebanon MO

19. (a) Dec. 11, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 28, 1942 to Dec 1, 1942

that I last saw him alive on Nov 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease

Due to Hypertension

Due to Chronic nephritis

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

Major findings: Of operations 1314

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 F. L. Marten (M. D. or other) M.D.

Address Nevada Date signed 12-1-42

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

108
0
0

168

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1251

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1499

Date Filed 1-15-42

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

Signed E. N. Stewart
Licensed Embalmer No. 1555
P. O. Address Bellevue, 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.