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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17810 Ser

State File No.

FILED MAR 12 1943

Registration District No. 326 Primary Registration District No. 6482 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jefferson Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 99

(c) City or town Memphis Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Effie Myers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife David E. Myers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 23 (Day) 1860 (Year)

8. AGE: Years 82 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Scotland Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business

FATHER
12. Name Joseph Moore
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Callen
15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Joe S. Myers
(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Edenberg Cemetary

18. (a) Signature of funeral director Gertrude Barkett
(b) Address Memphis Mo

19. (a) 3/1/1943 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Feb 22, 1943 to Feb 22, 1943
that I last saw her alive on Feb - 22 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Duration

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

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature S M Keethler (M. D. or other)

Address Memphis, Mo. Date signed 2/23/43

1093 (Licensed Embalmer's Statement on Reverse Side)

MAY 1-8 1943

RECEIVED
District Health Officer No. 10
District File Number 3-43-564
Date Filed MAR 10 1943

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis Me

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.