

FILED APR 25 1943

Registration District No. 325

Primary Registration District No. 4479

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queen City
(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 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Queen City
(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 _____

3. (a) PRINT FULL NAME Charles H. Myers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 9
year 1943 hour 9 minute — A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Bell

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

7. Birth date of deceased Oct 4 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1940 to Mar 9 1943
that I last saw him alive on Mar 8 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Permeious Anemia Duration 1 year

Due to Ulcer of stomach 6 months

9. Birthplace Near Queen City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name C. H. Myers

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Cartright

15. Birthplace not known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Maude Sloope

(b) Address Queen City Mo.

17. (a) Burial _____ (b) Date thereof Mar. 10, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Wm. A. Jones

(b) Address Greene City Mo.

19. (a) Mar. 10, 1943 (b) A. Justice
(Date received local registrar) (Registrar's signature)

23. Signature O. P. Brown (M.D. or other) 20

Address Queen City Date signed Mar 9 1943

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

MOTHER FATHER

1279

(Licensed Embalmer's Statement on Reverse Side)

1943

RECEIVED

District Health Officer No. 10

District File Number 4-43-704

Date Filed APR 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 Self

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm H West

Licensed Embalmer No. 2882

P. O. Address Invercity, 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.