. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13758

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 426

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Joseph's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 17 da (Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph Rural (If outside city or town limits, write "RURAL")

(d) Street No. R. 4. on U.S. Hiway 169 (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Richard S. 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 Widowed

6. (b) Name of husband or wife Sarah G.

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

7. Birth date of deceased Aug (Month) 15 (Day) 1860 (Year)

8. AGE: Years 82 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Redding (City, town, or county) Pa (State or foreign country) /

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Henry R. Myers
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Olivia Styloman
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Blue

(b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memo. Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Colhoun St.

19. (a) 4-17-43 (Date received local registrar) (b) Rose Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1943 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Apr 4, 1943, to Apr 15, 1943 that I last saw him alive on Apr 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	neth
Due to	
Due to	
Other conditions Art. Selec Heart Disease (Include pregnancy within 3 months of death)	yes

Major findings:
Of operations 93d
Of autopsy

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

23. Signature Dr D Jason O (M. D. or other) MD

Address St Joseph Mo Date signed 4-19-43

1233

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Gaple

Licensed Embalmer ~~No.~~ 3308

P. O. Address St Joseph, 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.