

Dr Roy Myers

14526

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2-15

ED APR 26 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Gasper
(c) Name of hospital or institution: Greenwood Hospital
(d) Length of stay: since March 17 43
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper
(c) City or town Gasper
(d) Street No. 115 North Wall St
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Bertha Clara Clark

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 2
6. (b) Name of husband or wife John Clark deceased 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Dec 28 1874

8. AGE: Years 68 Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Valley, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Shannon
13. Birthplace Reading Penn
14. Maiden name Harnett
15. Birthplace Reading Penn

16. (a) Informant Orval Clark
(b) Address 115 N. Wall St

17. (a) Burial (b) Date thereof 4-14-43
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Hornbill Wilson
(b) Address 4th Street

19. (a) 4-14-43 (b) Delbert S. Scholtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1943 hour 5 minute 15 a.m.
21. I hereby certify that I attended the deceased from Sept 16 1943 to Apr 12 1943 that I last saw her alive on Apr 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Carcinoma of descending colon
Due to functionary aged
Other condition Complete intestinal obstruction
(Include previous conditions with months of death)

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

Major findings: _____
Of operations H&O
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 _____
(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 Dr. E. Myers M.D. (M. D. or other) _____
Address 706-1710 Tusser Alley Date signed Apr 20 1943

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

MOTHER FATHER

43-4-349

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.