V. S. No. 2
50M—5-42
Rev. 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. 15182

FILED MAY 6 1943

Registration District No. 2799

Primary Registration District No. 6025

Registrar's No.

90 0 0

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural - Black River Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: nine miles West of Black mo.
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

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

(d) Street No. 9 miles west of Black
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Francel Myers

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fem

5. Color or race white

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

6. (b) Name of husband or wife John Myers

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

7. Birth date of deceased January (Month) 27 (Day) 1848 (Year)

8. AGE: Years 95 Months 2 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Black (City, town, or county) mo. (State or foreign country) 0

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Wesley Myers

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

MOTHER 14. Maiden name Sally Esther

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

16. (a) Informant George Myers

(b) Address Black Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Black mo.

18. (a) Signature of funeral director none

(b) Address

19. (a) April 12 1943 (Date received local registrar) Max Perez Wallington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 12 year 1943 hour 12 minute 9 A.M.

21. I hereby certify that I attended the deceased from Dec 8 1943 to Dec 8 1943 that I last saw the deceased alive on different occasions and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart trouble — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95 C V

Major findings:
Of operations

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? (c) Means of injury?

Signature C. M. Fitzpatrick (M. D. or other)

Address Potosi Mo. Date signed 4/12/43

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 543284
Date Filed 6-4-42

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 no funeral director or embalmer present, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.