S. No. 2
0M—2-43
5-17-39
1 X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17414

FILED JUN 8 1943

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 603

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

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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2423 Messanie 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helen Myers

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased June (Month) 29 (Day) 1873 (Year)

8. AGE: Years 69 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Altumia (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Michael Rowland
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Doran
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant N. Myers
(b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhoun St.

19. (a) 5-19-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from May 6, 1943, to May 16, 1943; that I last saw her alive on May 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastroduodenitis	May 4/43
Due to	
Due to	
Other conditions Arteriosclerosis gen. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Frank Hardegan (M. D. or other)
Address 620 Francis St Joseph, Mo Date signed 5/19/43

(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 R Yaple

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.