

No. 2
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-17-39
X25297

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18395**
Registrar's No. **121**

ED MAY 20 1943

Registration District No. **009**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Hannibal Mo**

(c) Name of hospital or institution: **S. St. Elizabeth Hospital**
(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

3. (a) PRINT FULL NAME **Lottie Myers**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or Face **Negro**

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

6. (b) Name of husband or wife **Toney Myers**

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

7. Birth date of deceased **Jan 23 1891**
(Month) (Day) (Year)

8. AGE: Years **52** Months **2** Days **27**

If less than one day _____ hr. _____ min.

9. Birthplace **Hannibal Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

MOTHER FATHER { 12. Name **Neal Davis**

13. Birthplace **Hannibal Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Belle Mary**

15. Birthplace **Hannibal Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Boston**

(b) Address **419 Fenwick ST**

17. (a) **Burial** (b) Date thereof **4-25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Robinson Cem.**

18. (a) Signature of funeral director **Geo E Roberts**

(b) Address **Hannibal Mo**

19. (a) **4-29-43** (b) **R. W. Connor**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **770** (b) County **Marion**

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

(d) Street No. **1006 Collier**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **21**
year **1943** hour **11** minute **-am**

21. I hereby certify that I attended the deceased from **April 18 1943** to **April 21 1943**
that I last saw him alive on **April 21 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Apoplexy**

Due to _____

Due to _____

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

Major findings: **83a**

Of operations _____

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? _____ (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 **H. W. Mackay** (M. D. or other) **M.D.**
Address **Hannibal Mo** Date signed **4/21/43**

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, *Geo. G. Roberts*
Licensed Embalmer No. *2113*
P. O. Address *Hannibal 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.