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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18396

State File No.

FILED MAY 20 1943

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 112

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community Life - Shelby Co. Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Mo. (b) County Shelby O

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

(d) Street No.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME NELLIE GLOVENIA MYERS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 6 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	9	23	✓ hr. ✓ min.

9. Birthplace Shelby Co. (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Malcom Wood
13. Birthplace Shelby Co. (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Sallie Swearingen
15. Birthplace Shelby Co. (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Lee Myers

(b) Address Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Shelbyville, Mo.

(b) ~~Address~~ E. P. Thompson Shelbyville, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1943 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from 3-16, 1943 to 3-27, 1943 that I last saw her alive on 3-27-43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to 940	
Due to	
Other conditions Toxic Goiter (Include pregnancy within 3 months of death)	3 years
Major findings: Of operations Goiter	
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 D

23. Signature J. Hanlesty M.D. (M.D. or other)

Address Hannibal Date signed 4-20-43

1146 (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 Self, Registered Apprentice No. ....., working under my personal supervision.

Signed C. W. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel 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.