

ED NOV 15 1943

Registration District No. **71**

Primary Registration District No. **3012**

Registrar's No. **351**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Hosp
(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 **Edna Louise Myers**

3. (b) If veteran, name war **n.** 3. (c) Social Security No. **495-20-7175**

4. Sex **Female** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **James H Myers** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **Oct 24 - 1905**
(Month) (Day) (Year)

8. AGE: Years **38** Months **0** Days **6** If less than one day hr. min.

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

10. Usual occupation **Wife**

11. Industry or business **William Watson**

12. Name **William Watson** 13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Jeppie Greener** 15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maryetta Jeffries**
(b) Address **Excelsior Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawson, Mo.**

18. (a) Signature of funeral director **Clarence Richard**
(b) Address **Excelsior Springs, Mo.**

19. (a) **11-1-43** **Miss Sadie Redman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30** year **1943** hour **9** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct. 29 - 1943** to **Oct. 30 - 1943** that I last saw **her** alive on **Oct 29 - 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **myelogenous leukemia**
Remission duration 1 yr.

Due to.....
Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: **n/a**
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?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature **G. P. Williams** (M. D. or other) **MD**
Address **116 South St.** Date signed **11-1-43**

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-3-43

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 Carl Rapp
Licensed Embalmer No. 23458
P. O. Address Calvin Springs, T.

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.