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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 15 1943

Primary Registration District No. 3010

Registrar's No. 359

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 1 year 11 months 24 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 016
(If outside city or town limits, write "RURAL")
(d) Street No. Smeltermville 1/4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Yvonne 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, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25th 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 24 hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Everett Myers
13. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Laura Winchester
15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Everett Myers

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 11-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetary

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 11-24-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1943 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from October 24,
19 43 to November 19, 19 43,
that I last saw her alive on November 19, 19 43,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Bronchopneumonia 1 day
Due to Pertussis about 3 weeks

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN
Of operations None
Of autopsy None
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?

While at work? _____ (Specify type of place)
(2) Means of injury _____
23. Signature [Signature] (M. D. or other) MD
Address 1317 Ellis Street Date signed 11-20-43

1014 (Licensed Embalmer's Statement on Reverse Side) Cape Girardeau, Mo.

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

6
1
4

RECEIVED

District Health Officer No. 4

District File Number 1243-304

Date Filed 12-8-43

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.....

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.