

FILED DEC 9, 1943

Registration District No. 173

Primary Registration District No. 4275

Registrar's No. 150

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Marionville, Mo.**
(If outside city or town limits, write "RURAL" and name of Township)
(c) Name of hospital or institution:
Methodist Home for Aged 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 years**
16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Lawrence**
(c) City or town **Marionville,**
(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

3. (a) PRINT FULL NAME **Florence Gardner 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 **2 widowed**

6. (b) Name of husband or wife **John M. Myers** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **October 11, 1858**
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **14** If less than one day hr. min.

9. Birthplace **Sparta, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Marcus L. Gardner**
13. Birthplace **Vermont**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary K. McDill**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jas. W. Hervey, Supt.**

(b) Address **Marionville, Mo.**

17. (a) **Burial** (b) Date thereof **11-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. B. Bradford**

(b) Address **Marionville, Mo.**

19. (a) **11-26-1943** (b) **Wm. E. Greene**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25**
year **1943** hour **11** minute **a.** M.

21. I hereby certify that I attended the deceased from **June 1, 1943** to **Nov. 25, 1943**
that I last saw her alive on **Nov. 21, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis glomerulo-**
Duration **2 yrs**

Due to

Due to

Other conditions **arteriosclerosis**
(Include pregnancy within 3 months of death)
Senility
Major findings: Of operations

Of autopsy **1316**

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) Mearns of injury

23. Signature **Wayne M. Weaver** (M. D. or other) **D.O.**
Address **Marionville, Mo.** Date signed **11/26/43**

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1326

Date Filed ~~DEC 7 1942~~ 1943

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:

Herman M. Shuridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.