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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41866

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 428

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Smelterville 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 mos. 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL") 4
(d) Street No. Smelterville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frankie Christine Myers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 9th (Day) 1943 (Year)

8. AGE: Years	Months	Days	If less than one day
0	6	14	hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Child
11. Industry or business
FATHER
12. Name James Everett Myers
13. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Laura Winchester
15. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mr. & Mrs. James E. Myers
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 1-5-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd year 1943 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from November 24, 1943, to December 2, 1943, that I last saw her alive on December 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	9 days
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations None
Of autopsy None

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

23. Signature [illegible] (M. D. or other) MD
Address 131 N. Ellis St. Date signed 1-5-44
Cape Girardeau, Mo.

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 144-3200

Date Filed 1-9-44

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.