

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43959

State File No.

Registrar's No.

FILED DEC 22 1943

Primary Registration District No. 3074

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston

(c) Name of hospital or institution: 1

(If not in hospital) or institution, write street number or location

(d) Length of stay: In hospital or institution 50 Years

In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston

(d) Street No.

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

If yes, name country 0

3. (a) PRINT FULL NAME Isabelle Royal 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, 2 divorced Widowed

6. (b) Name of husband or wife Joseph Myres 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 4 2 1870

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 7 7 hr. min.

9. Birthplace Blodgett Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER { 12. Name W. T. Royal

13. Birthplace South Carolina

(City, town, or county) (State or foreign country)

14. Maiden name Louisa Hare

15. Birthplace South Carolina

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. C. Baker Sikeston Mo.

(b) Address.

17. (a) Buried (b) Date thereof 11 9 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston City

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Missouri

19. (a) 12/15/43 (b) Louis Largent

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9

year 1943 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from 11-9-43

....., 19....., to 11-9....., 1943

that I last saw her alive on 11-9....., 1943

and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to 8301

Due to

Other conditions.

(Include pregnancy within 3 months of death)

Major findings: 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)

23. Signature J. H. Kienstetter (M. D. or other)

Address Sikeston Mo Date signed 11-16-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No 2,

District File Number 1243-1567

Date Filed 12-20-43

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.