

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

44016

State File No. \_\_\_\_\_

FILED DEC 17 1943

Registration District No. 7875-381

Primary Registration District No. 381-4571

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Milan, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Sullivan  
(c) City or town Milan, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Hazel Mae Myers

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

20. DATE OF DEATH: Month Nov day 14 year 1943 hour 8 minute 36 p. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced

21. I hereby certify that I attended the deceased from July 12, 1942 to Nov. 14, 1943 that I last saw her alive on Nov. 12, 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Elwon Myers 6. (c) Age of husband or wife if alive 55 years

Immediate cause of death ingested hernia

7. Birth date of deceased: January 2, 1887  
(Month) (Day) (Year)

Due to Probable carcinoma

8. AGE: Years 56 Months 10 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions: H6 R  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: hernia (incarcerated) reported by Dr. M. J. Owen of K.C. who operated.

11. Industry or business \_\_\_\_\_

12. Name Jarow Moore

13. Birthplace Sullivan Co. Mo  
(City, town or county) (State or foreign country)

14. Maiden name Anna Jewett

15. Birthplace Sullivan Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fern Hopkins

(b) Address Milan, Mo.

17. (a) Bureau (b) Date thereof Nov 17, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem Green City

18. (a) Signature of funeral director Schopen

(b) Address Milan, Mo Frank D.

19. (a) Dec 4 1943 (b) Mrs. H. D. Green  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature J. S. Montgomery (M. D. or other) \_\_\_\_\_

Address Milan, Mo. 1 Date signed 11-18-43

1190 (Licensed Embalmer's Statement on Reverse Side)

Duration several months.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-43-2001

Date Filed DECT 5 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

*Franked Schoen*

Licensed Embalmer No. 2016

P. O. Address Milan, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.