

FILED FEB 9 1944

Registration District No. 1000

11
1
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew Buchanan

(b) City or town Savannah St. Joseph
(If outside city or town limits, write "RURAL" and name of local ship)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: Andrew 2

(a) State Missouri; (b) County Buchanan

(c) City or town Savannah Russell
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANICE KAY MYERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-13-44
_____, 19____, to 1-14, 1944;
that I last saw her alive on 1-14, 1944;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased 3 28 1940
(Month) (Day) (Year)

Immediate cause of death: Burn - 2nd + 3rd degree of face + body

Due to lit a match + clothe Duration 12 hrs

Due to burned hu.

Other conditions (Include pregnancy within 3 months of death) _____

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

3	9	16	
---	---	----	--

hr. _____ min. _____

9. Birthplace Savannah MO
(City, town, or county) (State or foreign country)

10. Usual occupation child

Major findings: none

Of operations 181-1

Of autopsy 15

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Selby T. Myers

13. Birthplace Buchanan Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Ethel S. Adams

15. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Selby T. Myers

(b) Address Savannah, MO

17. (a) burial (b) Date thereof 1 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, MO

18. (a) Signature of funeral director Tred Terhune

(b) Address Savannah, MO

19. (a) 1-16-44 (b) Rose Heitzog
(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) accidental

(b) Date of occurrence Jan 13, 1944

(c) Where did injury occur? Savannah, Andrew, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) (e) Means of injury: Burn

23. Signature Paul Ferguson (M. D. or other)
Address St. Joseph, MO Date signed 1-14-44

125-5

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.....

Robert H. Gable

Licensed Embalmer No.

3308

P. O. Address.....

St. Joseph, 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.