

FILED JAN 25 1944

Registration District No. 128

Primary Registration District No. 2,000

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

1. PLACE OF DEATH: GREENE

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 606 S. Florence /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene <sup>39</sup>

(c) City or town Springfield, <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>6</sup>

(d) Street No. 606 S. Florence  
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Pope Geiger Myers

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased December 15, 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Louisville, Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate and Insurance Agent

11. Industry or business Insurance Agent

MOTHER FATHER

12. Name Leonard Myers

13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Geiger

15. Birthplace Unknown Kentucky /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Allene Myers

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Jan. 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director Alma Lohmeyer Funeral

(b) Address Springfield, Missouri

19. (a) 1-14-44 (b) W. T. Walsh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1944 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1939 to Jan 12, 1944  
that I last saw him alive on Jan 12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
arteriosclerosis  
Cardiac hypertrophy

Due to 92 f

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

Major findings: General Edema  
Of operations None  
Of autopsy None

Duration 4 1/2  
PHYSICIAN None  
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) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home None None  
(Specify type of place) (e) Years of injury

23. Signature W. T. Walsh (M. D. or other) None  
Address Springfield Date signed 1-13-44

**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 *Harlan Knapp*.....

Licensed Embalmer No. *4065*.....

P. O. Address *Springfield, 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.**

X