

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7113

State File No. _____

Registration District No. _____

Primary Registration District No. 5426

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Rural - Boles (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Villa Ridge - Box 82, 1 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether)
 In this community 1 yr 6 mo. years, months or days

3. (a) PRINT FULL NAME MARY LOUISE MYERS

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

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

6. (b) Name of husband or wife Alonso J. Myers 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct 23 1895 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>2</u>	<u>21</u>	hr. min.

9. Birthplace Pell Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Own Home

12. Name (Mother) Pearl

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

14. Maiden name (Mother) Pearl

15. Birthplace Pell Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Alonso J. Myers

(b) Address Villa Ridge, Mo.

17. (a) Burial (b) Date thereof Jan 17, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Richard Witt, Inc.

(b) Address Washington, Missouri

19. (a) 1/17/44 (b) Clara C. Miller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. Villa Ridge, Mo. Box 82 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation Duration
Due to necrosis in
throat which she couldnt
 Due to expell.

Due to She had been suffering from the flu

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 330 PHYSICIAN

Of autopsy _____ 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) C
 (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? 3 (Specify type of place) Means of injury: _____

23. Signature Ernest P. Altman coroner
 Address Harold, Missouri Date signed 1-15-44

1118

RECEIVED
District Health Officer
District File Number 31714
Date Filed 3/17/16

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 _____

working under my personal supervision.

Lester A. Witt, Registered Apprentice No. _____

Signed *Lester A. Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.