

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sauvignat Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 5 days (Specify whether
 In this community... 13 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
 (c) City or town CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 BROADWAY
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CLARENCE VERNON MYERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or Race White 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Dorothy Myers 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased AUGUST 10 1912
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 8 9 hr. min.

9. Birthplace MARION KENTUCKY
 (City, town, or county) (State or foreign country)

10. Usual occupation RIVER WORKER

11. Industry or business U.S. ENGR. DEPT.

12. Name FRED MYERS

13. Birthplace ALTON INDIANA
 (City, town, or county) (State or foreign country)

14. Maiden name FANNIE JOHNSON

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

16. (a) Informant FRED MYERS

(b) Address CAPE GIRARDEAU MO

17. (a) BURIAL (b) Date thereof 3/21/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett MO

18. (a) Signature of funeral director C. Shaughnessy

(b) Address Cape Girardeau MO

19. (a) 3-20-44 (b) F. V. Phelps
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19
 year 44 hour 12 minute 15 AM

21. I hereby certify that I attended the deceased from 1:40
 _____, 1944, to 3:19, 1944

that I last saw him alive on 3/19, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Overlooked

Due to Diabetes

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

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) (e) Means of injury _____

23. Signature C. Shaughnessy (M. D. or other) _____
 Address Cape Girardeau Date signed 3/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 44-3666
Date Filed 4-7-44

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. 2476
working under my personal supervision.

Signed Lyman Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Cape Girardeau.....

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.