

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10741

State File No. ....

FILED APR 1 1944

Registration District No. ....

Primary Registration District No. 3015

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Bernard L. Myers

3. (b) If veteran, name war XXXX

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XXX

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased September 4th 1853  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	6	21	hr. min.

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

10. Usual occupation Retired Farmer

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

MOTHER FATHER

12. Name Wm. Myers

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

14. Maiden name Elizabeth Harter

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

16. (a) Informant M. E. Myers

(b) Address Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-27-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Turney Cem. Turney, Mo.

18. (a) Signature of funeral director Cameron

(b) Address Cameron, Mo.

19. (a) Mar. 27, 1944 (Date received local registrar)

(b) Mrs. Kathleen Harter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Missouri

(a) State \_\_\_\_\_ (b) County Clinton

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

(d) Street No. 1124 West 3rd.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1944 hour I minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10 1944 to March 25 1944  
that I last saw him alive on March 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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) \_\_\_\_\_

(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 [Signature] (M. D. or other)

Address Cameron, Mo. Date signed 3/26/44

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

**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..... *W Moore*.....  
Licensed Embalmer No..... *1180*.....  
P. O. Address..... *Camden, 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.**