

FILED MAY 15 1944

Registration District No. 153

Primary Registration District No. 5576

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural--Duvall Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2, Jasper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Forest Lonzo Myers

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

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

6. (b) Name of husband or wife Marytte Myers 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 8 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Myer
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sara Elliott
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Forest L. Myers

(b) Address Route 2, Jasper, Missouri

17. (a) Burial (b) Date thereof Apr. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) April 10, 1944 Mrs. Lillie Laska
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Jasper
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1944 hour 4:30 minute am

21. I hereby certify that I attended the deceased from March 31, 1944 to April 2, 1944
that I last saw him alive on April 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9322

Major findings: Of operations _____

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 Robert J. Berry (M. D. or other)

Address Alba, Mo Date signed 4/14/44

1180

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

499
0
6

PHYSICIAN
Underline the cause to which death should be charged statistically.

44-4-387

MAY 17 1944

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..... *Ernest R. Knell*

Licensed Embalmer No. *391*

P. O. Address..... *Carters*

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.