

FILED JUN 9 1944

Registration District No. **25**

Primary Registration District No. **8048**

Registrar's No. **88**

1. PLACE OF DEATH:

(a) County Hodgson

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

(c) Name of hospital or institution? St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor **999**

(c) City or town rural near Bedford
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country I

3. (a) PRINT FULL NAME Kieth Allen Myers

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May - day 25 - 1944
year _____ hour _____ minute P. M.

21. I hereby certify that I attended the deceased from 5/25/44 to 5/26/44, 1944
that I last saw him alive on 5/25/44, 1944; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased May - 18 - 1944
(Month) (Day) (Year)

Immediate cause of death Infectious infectious **2 days**

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

Due to _____

Due to _____

9. Birthplace Taylor, Ia (City, town, or county) Ia (State or foreign country)

10. Usual occupation IN FANT

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

Major findings: Of operations 119a

Of autopsy _____

11. Industry or business _____

12. Name C. L. Myers

13. Birthplace Taylor, Ia (City, town, or county) Ia (State or foreign country)

14. Maiden name Wiles

15. Birthplace Fort Morgan, Colo (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles L. Myers
(b) Address Hopkins, Mo.

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? _____

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

(c) Place: burial or cremation Bedford Cem.

18. (a) Signature of funeral director J. L. Peterson
(b) Address Bedford, Iowa

19. (a) 5-26-44 (b) Avery Barber
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature W. White (M. D. or other) MD
Address Hopkins, Mo. Date signed 5/25/44

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

4
1
2

1349

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, ~~only~~.....

F. L. Wetmore....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
F. L. Wetmore

Licensed Embalmer No. *2599*.....

P. O. Address.....
Burlingame Ia

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.