

FILED JUL 8 1944

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **186**

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside the city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: S. E. Mo. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Rosetta Myers
 3. (b) If veteran name war -
 3. (c) Social Security No. -

4. Sex F 5. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Lee Myers
 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: Jan 5 1907
 (Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Bollinger Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

12. Name John L. Loberg

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

14. Maiden name Emma Elizabeth Conrad

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

16. (a) Informant Lee Myers (Father)

(b) Address Rural

17. (a) Rural (b) Date thereof 6-4-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plot - Hill Cemetery

18. (a) Signature of funeral director Frederickson, Mo.

(b) Address 444

19. (a) 444 (b) F. H. Phelps
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bollinger
 (c) City or town Rural - Union Tship.
 (If outside city or town limits, write "RURAL")
 (d) Street No. - (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
 year 1944 hour 2: AM minute - M.
 21. I hereby certify that I attended the deceased from 5/22 1944
 that I last saw her alive on 6/2 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Ferric cause Anemia

Due to -

Due to -

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

Major findings: 73a
 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?
 (Specify type of place) -
 While at work? - (e) Means of injury -

23. Signature [Signature] (M. D. or other)
 Address Cape Girardeau Mo Date signed 6/2/44

Duration 1944
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

WHILE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1014

RECEIVED

District Health Officer No. 4

District File Number 744-463

Date Filed

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

John H. Kelt

Licensed Embalmer No. 4264

P. O. Address

Fredrick Row

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.