

FILED JUL 13 1944

Registration District No. 169

Primary Registration District No. 5612

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Knox City, rural Bee Ridge  
(c) Name of hospital or institution: Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox  
(c) City or town Knox City, rural  
(d) Street No. Bee Ridge Twp  
(e) Citizen of foreign country? 0  
If yes, name country 0

3. (a) PRINT FULL NAME Edgar Sanford Myers

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

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

6. (b) Name of husband or wife Almeda Chappell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov 7 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business .....

12. Name Wm. Jasper Myers  
13. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Walker

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

16. (a) Informant Mrs Edgar Myers  
(b) Address Edina Twp.

17. (a) Burial (b) Date thereof June-27-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rutledge, Missouri.

18. (a) Signature of funeral director Kevin Hudson  
(b) Address Edina, Missouri

19. (a) July 1-44 (b) Nelle Northcutt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1944 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 9  
1944 to June 24, 1944

that I last saw him alive on June 24, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Due to Arteriosclerosis

Due to .....

Other conditions Gangrene of Limb of Leg 7 days  
(Include pregnancy within 3 months of death)

Major findings: 93d  
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? .....

(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 0

23. Signature Walter B. Dean (M. D. or other) 7/5  
Address Newark Mo Date signed 6/28/44

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

2082

1

1

1112

RECEIVED

District Health Officer No. 10

District File Number 7-44-1334

Date Filed JUL 12 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.