

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28289

State File No. ....

FILED SEP 9 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 250

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Memorial Church 31532 Lyon  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 4 1/2 yrs  
 years, months or days)

3. (a) PRINT FULL NAME William B. Ggers M yrs

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lula Bell Myers 6. (c) Age of husband or wife if alive 83 years  
 7. Birth date of deceased June 13 1867  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 22 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kentucky (City, town, or county) (State or foreign country)10. Usual occupation Retail Groceries11. Industry or business Retail Groceries12. Name William Henry Myers13. Birthplace Perry Missouri (City, town, or county) (State or foreign country)14. Maiden name Buggers15. Birthplace Perry Missouri (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ferna Restly(b) Address 415 Bird St.17. (a) Bureau (b) Date thereof 8-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Gliven Center18. (a) Signature of funeral director For. Schwab(b) Address 100 Broadway19. (a) 8-8-44 (b) P. W. Connor  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town Hannibal  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 716 S. Main  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6  
 year 1944 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased here  
until his death 8:30 Aug 6, 1944  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration \_\_\_\_\_

Due to Frage history given by friends & neighbors

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

Other conditions (include pregnancy within 3 months of death) 9502

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 J. P. Burrell (M. D. or other) \_\_\_\_\_Address Hannibal Mo Date signed 8-7-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146

(Licensed Embalmer's Statement on Reverse Side)

**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

*Jack B. Luben*

Licensed Embalmer No. *4110*

P. O. Address

*Hannibal, 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.**