

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35420

FILED NOV 10 1944

Registration District No. 2000

Primary Registration District No. ~~2000~~ 6099

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Queen City Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3
year 44 hour 1:30 minute _____ M.
21. I hereby certify that I attended the deceased from Oct 10-44
_____ 19____ to time of death
that I last saw him alive on Oct 2 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach and Intest
Due to _____
Due to _____

Duration

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(c) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address Greentop Date signed 10-4-44

3. (a) PRINT FULL NAME Amande R. Myers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: March 29 1882
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Shipman

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Susan Deaduff

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

16. (a) Informant Wesley Myers

(b) Address Queen City Mo

17. (a) burial (b) Date thereof 10 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Myers Cem

18. (a) Signature of funeral director [Signature]

(b) Address Queen City Mo

19. (a) Oct 4 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1823

Date Filed NOV 8 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 Self

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm M West

Licensed Embalmer No. 2882

P. O. Address Queer City Mo

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.