

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38404

FILED NOV 17 1944

Registration District No. 2452 Primary Registration District No. 4362 Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe, Mo.
(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)
(d) Length of stay: In hospital or institution 1 (Specify whether _____)
In this community _____ years, months or days

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Andrew Myers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 26 - 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Nanner Taylor
13. Birthplace Stellard, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Chase
15. Birthplace Stellard, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Myra Crowley
(b) Address Monroe, Mo.

17. (a) Interred (b) Date thereof 7-20-44
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Section 700

18. (a) Signature of funeral director John Cleaton
(b) Address Section 700

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Monroe
(c) City or town Monroe, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1944 hour 7 minute 7 M.

21. I hereby certify that I attended the deceased from July 17 - 1944 to July 18 - 1944 that I last saw him alive on July 18 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Due to Fracture of femur
Due to Fracture of femur
Other conditions (Include pregnancy within 3 months of death) _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration July 16 to 7-18-44
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? _____

23. Signature J. P. Brandon M.D. (M. D. or other) _____
Address Erwin, Mo. Date signed 7-23-44

NOV 20 1946

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 Alenton*

Licensed Embalmer No. *2941*

P. O. Address *Septon*

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.