

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1945
Registration District No. 183

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2795
Registrar's No. 42

Primary Registration District No. 4297

1. PLACE OF DEATH:

(a) County Linn
(b) City or town FURDIN
(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

3. (a) PRINT FULL NAME JULIA ANN MYERS

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

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

7. Birth date of deceased August 27 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram Powell 1

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bryant

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

16. (a) Informant Mrs Emma Street

(b) Address Furdin, Missouri

17. (a) Buried (b) Date thereof 12-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Cem.

18. (a) Signature of funeral director Thorne Hudk Co

(b) Address Linn, Mo

19. (a) Jan 20 1945 (b) Mrs C Woolf
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Browning
(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 DEC day 20
year 1944 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 15, 1944 to Dec 20, 1944
that I last saw her alive on Dec 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 3 yrs

Due to _____

Due to _____

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

Major findings: Of operations 467

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) (e) Means of injury 0

23. Signature J.R. Martz (M. D. or other) _____

Address Browning, Mo Date signed 12/22

1534

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

8000

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..... *David G. Taylor*

Licensed Embalmer No. *3761*

P. O. Address..... *Linneus, 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.