S. No. 2
M—5143
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 3867

Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County Vernon

(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Mo. 24 da. (Specify whether years, months or days)

In this community Same time

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. County Home
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Albert Milton Myers.

3. (b) If veteran, name war —

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 13 (Day) 1887 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 8 | 5 | hr. min. |

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

10. Usual occupation Farmer - Policeman

11. Industry or business

FATHER
12. Name George H. Myers
13. Birthplace Linneus (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna E. Sendgar
15. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemet

18. (a) Signature of funeral director Fay Lien Home

(b) Address Nevada Mo.

19. (a) 1-20-45 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Jan. day 18th year 1945 hour 11 50 minute P. M.

21. I hereby certify that I attended the deceased from 2-25-1944, 19..., to 1-18-'45, 19...; that I last saw him alive on 1-18-1945, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | |
| Due to | |
| Due to | |
| Other conditions Senile Psychosis (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R.B. Lester (M. D. or other)

Address Nevada Mo Date signed 1-19-45

(Licensed Embalmer's Statement on Reverse Side)

1231

RECEIVED
District Health Officer No. 7
District File Number 1-46-23
Date Filed 2-5-45

## 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 NKP

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.**