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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7030

FILED MAR 12 1945

Registration District No. 3016 Primary Registration District No. 3060 Registrar's No. 311

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

1. PLACE OF DEATH:

(a) County St. Francois.

(b) City or town Farmington, (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 (Specify whether In this community 22, years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town Farmington, (If outside city or town limits, write "RURAL") 4

(d) Street No. / (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph, Deverne, Myler

3. (b) If veteran, name war World, War. #1

3. (c) Social Security No.

4. Sex M. C

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Marlene, Myler

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

7. Birth date of deceased Oct. (Month) 12 (Day) 1893 (Year) 1893

8. AGE: Years	Months	Days	If less than one day
52	3	16	hr. min.

9. Birthplace New York City, New York. / (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Frank Myler
13. Birthplace U.S.A. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Unknown / (City, town, or county) (State or foreign country)

16. (a) Informant Marlene, Myler

(b) Address Farmington, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof Feb. 11, /45 (Month) (Day) (Year)

(c) Place: burial or cremation K, of, P. Farmington, Mo.

18. (a) Signature of funeral director Cozean Funeral, H.

(b) Address Farmington, Mo.

19. (a) 2-11-45 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 7 year 1945 hour 6 minute 9 A.M.

21. I hereby certify that I attended the deceased from Oct 24th 1945, to Feb 7, 1945; that I last saw him alive on Jan 26 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3½ mo

Due to Hypertension

Due to Prostatic + Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No 1 31 b

Duration

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 2

23. Signature L. M. Stanfield (M. D. or other) Dr

Address Farmington Mo Date signed 2/9/45

1573 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 345-387
Date Filed 3-9-45

MAR 20 1945

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Nellie Porter

Licensed Embalmer No. 2969

P. O. Address Farmington 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.