V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. C. J. Allen

State File No. 8947

FILED APR 7 1945

Registration District No. 2

Primary Registration District No. 4036

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 26 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. SW Park
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Perthenia Myers

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Emory Myers

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June (Month) 8 (Day) 1871 (Year)

8. AGE: Years 73 | Months 9 | Days 14 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name — Moyer
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Myers
(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof x 3-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation x Greenlawn R.H.

18. (a) Signature of funeral director Booths
(b) Address R.H. Mo.

19. (a) Mar. 24. 1945 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from January 15, 1936 to Mar 22, 1945; that I last saw her alive on Mar 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia of intestine secondary to bladder pneumonia

Due to Hypertension

Due to Chronic Myocarditis

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

Major findings:
Of operations —
Of autopsy 48

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 .....

23. Signature [signature] (M. D. or other)

Address Rich Hill Mo. Date signed 3/24/45

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(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]ED
D[illegible] Officer No. 7,
Di[illegible] 3-45-252
Date Filed 4-5-45

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.....

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

working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.