

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 12 1945

Registration District No. 3-3-

Primary Registration District No. 3011

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution:
403 W Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 403 W Benton
(If rural, give location)
(e) Citizen of foreign country? U. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE MYERS

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Ruby C. Schulz 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 18 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER

12. Name Peter Myers
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Herman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Myers
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Gibson
(b) Address Carrollton Mo

19. (a) 6-28-45 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-21 1945, to 6-26 1945
that I last saw him alive on 6-25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Intestinal Obstruction

Due to _____

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

Major findings: Of operations _____
Of autopsy 17

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? _____

While at work (Specify type of place) (c) Means of injury ?

23. Signature Burford H. Colby (M. D. or other)
Address 60 No. Main St. Carrollton Mo. Date signed 6-28-45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2/16/82

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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.