V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23873

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 59

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett — Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1 Independence Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Since 1915 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett — Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles North of Kennett —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Myrick
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife William A Myrick
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 — 2 — 1863 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 22 If less than one day hr. min.
9. Birthplace Weekly Co. Tenn. 1 (City, town, or county) (State or foreign country)
10. Usual occupation home
11. Industry or business home
FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Thomas Leonard
(b) Address Kennett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo.
19. (a) 7-4-45 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1945 hour 4:15 minute 9 M.
21. I hereby certify that I attended the deceased from June 23, 1945, to June 24, 1945 that I last saw her alive on June 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bicellary Gastro-Enteritis 4 days
Due to
Due to Hypertension 10 years
Myocardial Hypertrophy
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations N
Of autopsy Low

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 George Gelmore DO (M. D. or other)
Address Kennett Mo Date signed 6-30-45

901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 745-964
Date Filed 7-18-45

OCT 23 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.