S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

State File No. 38828

Registration District No. 362 Primary Registration District No. 6232 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Warren Bridgeport Twp

(b) City or town Rural
(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 ... [illegible] whether
In this community ...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Warren 104

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

(d) Street No. 2 Mile South East of Jonesburg
(If rural, give location)

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

If yes, name country ...

3. (a) PRINT FULL NAME John W. Myers

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced Wid (1)

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

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

7. Birth date of deceased Nov (Month) 20 (Day) 1855 (Year)

8. AGE: Years 89 Months 11 Days 12 If less than one day ... hr. ... min.

9. Birthplace ... (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business ...

FATHER
12. Name F. Myers
13. Birthplace ... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) ... (State or foreign country) 6

16. (a) Informant Mary Myers 1

(b) Address Jonesburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 5 (Day) 1945 (Year)

(c) Place: burial or cremation Jonesburg Mo

18. (a) Signature of funeral director C. A. Harding

(b) Address Jonesburg, Mo.

19. (a) Nov 15 1945 (Date received local registrar) (b) Mrs Hugo Luttmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3 year 45 hour ... minute ... M.

21. I hereby certify that I attended the deceased from 11 2 1945 to 11 3 1945 that I last saw him alive on 11 3 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Chr. Cardio Vasculo Renal Dis.	
Due to Senility	
Other conditions (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 H. Walter Eyermann (M. D. or other) MD

Address Warrenton Mo Date signed 11-5-45

11-6-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-6-45

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. Earl A. Harden

Licensed Embalmer No. 4115

P. O. Address. Jonesburg, 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.