

FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 13

Primary Registration District No. 3003

State File No. 8427

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1003 E. Broadway  
(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 about 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1003 E. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? no  
(Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Mary Myers

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J. M. Myers 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased August 15 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 1  
If less than one day hr. min.

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

10. Usual occupation (Retired) Housewife

11. Industry or business none

MOTHER FATHER  
12. Name Jesse Alderson  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond P. Fisher

(b) Address 1003 E. Broadway Monett Mo

17. (a) Burial (b) Date thereof 2-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100 F. cem - Monett Mo

18. (a) Signature of funeral director Callaway  
(b) Address Monett mo

19. (a) 2-19-46 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 4, 1946, to Feb 16, 1946,  
that I last saw her alive on Feb 14, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Rt. Duration 2-9-46

Due to

Due to

Other conditions Active schistosomiasis Rt. pt.  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy not done  
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 Robert R. Rodley M.D.  
Address Monett, Mo. Date signed 2-18-46

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

RECEIVED  
District Health Officer No. 6,  
District File Number 346-234  
Date Filed MAR 20 1946

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 *J. B. Buchanan*  
Licensed Embalmer No. *318*  
P. O. Address *Monett 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.