

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **9099**
Registrar's No. **254**

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:
 (a) County Greene, Missouri
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 647 S. Pickwick
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur W. Myers
 3. (b) If veteran, name war UNK
 3. (c) Social Security No. UNK

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16
 year 1946 hour 12 minute 55 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (c) Age of husband or wife if alive UNK years
 7. Birth date of deceased: January 3, 1891
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MARCH 14 1946, to MARCH 16 1946
 that I last saw him alive on Saturday, March 16 1946,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>55</u>	<u>2</u>	<u>13</u>	hr. min.

Immediate cause of death Pneumonia, terminal
 Duration 12 hours

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

Due to repeated hemorrhages from multiple gastric acute following
 Due to prostatic operation for removal of calculi
 Other conditions 137K
 (Include pregnancy within 3 months of death)

10. Usual occupation Salesman

Major findings:
 Of operations prostatic calculi
 Of autopsy Pneumonia terminal, multiple acute ulcer
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Harry Myers
 13. Birthplace Springfield, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Edith Mae Roberson
 15. Birthplace Pacific, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olga Myers
 (b) Address 647 S. Pickwick, Spfld, Mo.

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)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1946
 (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Alma Lohmeyer Funer.
 (b) Address 534 St. Louis Spfld, Mo.

23. Signature Robert D. Webb (M. D. or other)
 Address Springfield, Mo. Date signed 3/18/46

19. (a) 3-18-46 (Date received local registrar) (b) Dr. W. Daudley (Registrar's signature)

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

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MAR 24 1947

MAR 24 1947

MAR 24 1947

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..... *L. C. Rauf*

Licensed Embalmer No. *3044*

P. O. Address *Springfield, 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.

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