

S. No. 2
M-543
v. 5-17-39
P 1 X38671

FILED APR 20 1946

Registration District No. **2043**

Primary Registration District No. **2043**

Registrar's No. **80**

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fevering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

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

(d) Street No. 2131 Iron St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Myers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 18 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year 46 hour 4 minute 20 PM

21. I hereby certify that I attended the deceased from 2-7-46 to 2-16-46
that I last saw him alive on 2-16-46 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Cardiac Thrombosis

Due to Myo-Carditis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace New London MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Myers

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

Major findings: Of operations _____

Of autopsy 940

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? _____

16. (a) Informant Mrs. Mary Allison

(b) Address 1900 Patches St. Hannibal, MO

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

(c) Place: burial or cremation New London

18. (e) Signature of funeral director Geo. E. Roberts

(b) Address Hannibal MO

19. (a) 2-21-46 (b) Dr. E. M. Luck
(Date received local registrar) (Registrar's signature)

23. Signature Dr. A. W. Fox (M. D. certifying)

Address Hannibal MO Date signed 2-20 1946

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Geo E Roberts*

Licensed Embalmer No. *9113*

P. O. Address. *Hannibal 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.