

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15669

Registration District No. 15

Primary Registration District No. 5071

Registrar's No. 25

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Rural- Nashville Township
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Liberal RFD #1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME RAY MYERS
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11
 year 1946 hour 11 minute 30 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased May 11 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 11th 1946 to May 11th 1946
 that I last saw him alive on May 11th 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Abiectasis
 Duration 2 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u> hr. <u> </u> min.

Due to unknown
 Due to.....
 Other conditions (include pregnancy within 3 months of death).....
 Major findings:
 Of operations 0
 Of autopsy 0

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

10. Usual occupation.....
 11. Industry or business.....

MOTHER FATHER
 12. Name Carl K. Myers
 13. Birthplace Diagonal, Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Gladis Vera McCowan
 15. Birthplace Carlton, Kansas
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
16th

16. (a) Informant Carl K. Myers
 (b) Address Liberal, Missouri RFD #1

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) C
 (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.....

17. (a) Burial (b) Date thereof May 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Black Jack Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
 (b) Address Lamar, Missouri

23. Signature J.R. Bell (M. D. number)
 Address Lamar, Mo. Date signed 5/11/46

19. (a) MAY 11 1946 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

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

14

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 646-613
Date Filed JUN 3 1946

STATEMENT BY LICENSED EMBALMER

not

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.....

Carl H. Kowitz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.