S. No. 2
M—5-43
. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22841

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 233

1. PLACE OF DEATH:

(a) County: BUTLER

(b) City or town: POPLAR BLUFF
(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)

In this community 6 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. WHITE ROW
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME IMOGENE MARIE MYERS

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GENERAL T MYERS

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

7. Birth date of deceased JAN. (Month) 1 (Day) 1919 (Year)

8. AGE: Years 27 Months 6 Days 26 If less than one day hr. min.

9. Birthplace POPLAR BLUFF (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name JAMES E. VICTERY

13. Birthplace CROSS CO ARK. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name GRACE MITCHELL

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

16. (a) Informant James E Victery

(b) Address Gen Del. Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 28 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM

18. (a) Signature of funeral director N. T. Phelps

(b) Address Poplar Bluff Mo

19. (a) 8/3/46 (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27 year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 21 July, 1946, to 27 July, 1946; that I last saw h. alive on 21 July, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: PULMONARY TUBERCULOSIS BILATERAL	8 yrs
Due to	
Due to	
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 Lester Hanwell (M. D. or other)

Address Poplar Bluff, Mo. Date signed 30 July 1946

—(Licensed Embalmer's Statement on Reverse Side)

3V

RECEIVED
District Health Office No. 2,
District File Number 846-942
Date Filed 8-6-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.