

No. 2  
 DOM-5-43  
 Rev. 5-17-39  
 I X36671

**FILED** AUG 15 1946  
 REGISTRATION DISTRICT NO. **157**

Primary Registration District No. **3028**

Registrar's No. **121**

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

**1. PLACE OF DEATH:**  
 (a) County **Jasper**  
 (b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**410 S. Case St. /**  
(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 **75 years**

**3. (a) PRINT FULL NAME** **WILLIAM H. MYERS**  
 3. (b) If veteran, name war **none**  
 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Theresa S. Myers**  
 6. (c) Age of husband or wife if alive **79** years  
 7. Birth date of deceased **December 18 1860**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **85** Months **6** Days **13**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Robroy Indiana /**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **retired farmer**

**11. Industry or business** **seee----**  
**MOTHER FATHER**  
 { **12. Name** **Daniel Myers**  
**13. Birthplace** **unknown unknown 9**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Eileen Burns**  
**15. Birthplace** **unknown unknown 9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Theresa S. Myers /**  
**(b) Address** **410 Case St., Carthage, Mo.**  
**17. (a)** **Burial** **(b) Date thereof July 5, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Park Cemetery**  
**18. (a) Signature of funeral director** **Knell Mortuary**  
**(b) Address** **Carthage, Missouri**  
**19. (a)** **7-3-46** **(b)** **L. B. Clinton**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jasper 44**  
 (c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **410 S. Case St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **1**  
 year **1946** hour **10** minute **20** P.M.  
**21. I hereby certify that I attended the deceased from**  
**June 18 1946 to July 1 1946**  
 that I last saw him alive on **June 25 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**  
 Due to **Chronic Nephritis**  
**Senility**  
 Due to \_\_\_\_\_  
 Other conditions **none**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: **none**  
 Of operations **none**  
 Of autopsy **none**

**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?  
 While at work \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
**23. Signature** **George H. Wood** (M. D. or other)  
**Address** **Carthage Mo** Date signed **July 3, 1946**

46-7-613

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.....

*Emm L. Truell*

Licensed Embalmer No.....

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P. O. Address.....

*Carthage*

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.