

FILED AUG 9 1946

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. 117 Locust St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Peter Myers

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Magnolia Myers 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb 14 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Almore Myers

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

14. Maiden name Amanda Pendergraft

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

16. (a) Informant Lannie Ruble

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 7-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) July 20, 1946 (b) Dr. Frankburger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1
1946 to July 12 1946
that I last saw him alive on July 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
Due to Carcinoma free

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations (3)
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. W. H. H. H. (M. D. or other)
Address Lebanon, Mo. Date signed 7/15/46

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

Received 8-5-46

Laclede County Health Unit

File No. 7-46-108

Date Filed 8-7-46

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.