

S. No. 2
M-2-43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

24527

FILED AUG 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
Mississippi River 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville
(If outside city or town limits, write "RURAL") 1

(d) Street No. 938 Grand, Ave.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Don Micheal Myers

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 9 minute _____ P. M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased January 14, 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1	6	14	hr. _____ min.
---	---	----	----------------

Immediate cause of death: Accidental Drowning Duration _____

9. Birthplace: Caruthersville, Mo.
(City, town, or county) (State or foreign country)

Due to Boat Overturned

Due to _____

10. Usual occupation _____

Other conditions (Includes pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

183-3
1946

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

MOTHER-FATHER {

12. Name Geoffery Myers

13. Birthplace Lake, Co., Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Hazle Perkins

15. Birthplace Pemiscot, Co., Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 78

(b) Date of occurrence July 28, 1946

(c) Where did injury occur? Caruthersville, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mississippi River

16. (a) Informant John Myers

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 7/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Jack Kelley (M. D. or other) Coroner 3
Address Hatti, Mo. Date signed 7/31/46

18. (a) Signature of funeral director H. I. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 8-1-46 (b) Dessie B. Hicks
(Date received local registrar) (Registrar's signature)

247

(Licensed Embalmer's Statement on Reverse Side)

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

8-46-171

AUG 1 1946

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.....

Body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.