

FILED SEP 23 1948

Registration District No. _____

Primary Registration District No. **4267**

Registrar's No. **3**

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Odessa
(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
 In this community 15 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Putman E. Myers
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Callie Myers 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Sept. 24 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
 12. Name Frank Myers
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Lenora Ewing
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Callie Myers
 (b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Sept. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director Husman Sparks
 (b) Address Odessa, Mo.

19. (a) Sept. 9 1948 (b) John D. ...
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
 year 1946 hour 2 minute 4 M.

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

Immediate cause of death Coronary Occlusion Duration _____

Due to Died suddenly in bed. Ill only a few minutes
 Due to _____

Other conditions no 94A
(Include pregnancy within 3 months of death)

Major findings:
 Of operations no operation
 Of autopsy no 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) no
 (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) Years of injury 3

23. Signature [Signature] (M. D. or other) _____
 Address Odessa Mo Date signed 9/5/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-21-44

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 Jimmy F. Keenan
Licensed Embalmer No. 754
P. O. Address Olson, 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.