

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 Hour  
(Specify whether  
In this community 10 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 123 1/2 West 3rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. None

3. (a) PRINT FULL NAME Edrie Jeneva Myers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-07-4436

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife James Myers 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 16 1905  
(Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 1 If less than one day hr. - - - min.

9. Birthplace Sheridan Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business None

12. Name John Lester

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

14. Maiden name Eva Morris

15. Birthplace Taylor County Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Gordon Lee Myers

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 1/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 1-21-47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th  
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 14 1947 to Jan 17 1947  
that I last saw him alive on Jan 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death. acute coronary occlusion  
Duration 1 1/2 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 94A

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 J. E. Burnard (M. D. or other) M.D.

Address 1310 Main Maryville Date signed 1/18/47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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..... *W. L. Lee*

Licensed Embalmer No. *2539*

P. O. Address..... *Marionville 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.**