FILED MAR 24 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8218
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 52
(b) Township Primary Registration District No. 4079 Registered No. 19
(c) City or Bandles (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Myers
(a) Residence, No. Bandles St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Josephine Myers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, ~~1860~~ 1861
7. AGE YEARS ~~87~~ 86 MONTHS 1 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Elmo Illinois

FATHER
13. NAME ~~Ferdinand~~ Ferdinand Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

MOTHER
15. MAIDEN NAME Sarah Cameron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT John Myers
(ADDRESS) Bandles, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo DATE March 20, 1947
19. FUNERAL DIRECTOR (NAME) Bieplinghoff & Hilland
(ADDRESS) Chaffee Mo
20. FILED 3-24, 1947 B. G. Lubin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1947
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1946, to March 18, 1947
I last saw him alive on Mar 5, 1947. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio sclerosis	
Paralitic stroke	

Other contributory causes of importance:
Old age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Davault, M. D.
(Address) Allenville Mo

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SOM-9-19-46 I X16605

ED

Health Officer No. 4

File Number 347-416

Date Filed 3-25-47

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 Jack T Burnett, Registered Apprentice No. Reg but no assigned as ye working under my personal supervision.

Signed Mamie Bierplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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, above space should be left blank.