

FILED APR 23 1947
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1242 E. McDaniel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. forty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1242 East McDaniel 6
(If rural, give location) 0

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

3. (a) PRINT FULL NAME RANSOM H. MYERS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,
year 1947 hour 8: minute 25 P.M.

21. I hereby certify that I attended the deceased from 8-20, 1946 to 3-27, 1947
that I last saw him alive on 12-2, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Gertie Myers

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased. November 3, 3, 1878
(Month) (Day) (Year)

Immediate cause of death Branchialgia - Parenoma 16 Mo.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>24</u>	hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Barber

Major findings:
Of operations _____

Of autopsy 47C

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

MOTHER FATHER

11. Industry or business _____

12. Name Noah Myers

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

14. Maiden name Martha Clouse

15. Birthplace Unknown Tennessee
(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) _____

(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? _____

16. (a) Informant Mrs. Gertie Myers

(b) Address 1242 E. McDaniel Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 4-2-47 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

23. Signature _____ (M. D. or other) _____
While at work? _____ (Specify name of place) Means of injury _____

Address Springfield, Mo. Date signed 4-1-47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2831

P. O. Address Springfield, 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.