

No. 2
-12-45
-5-17-39
I X47070

FILED MAY 19 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **424**

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Unknown** (Specify whether
In this community **Unknown** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **HECTOR HARRY MYERS**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Emma Myers** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **January 15, 1865**
(Month) (Day) (Year)

8. AGE: Years **82** Months **3** Days **23** If less than one day hr. min.

9. Birthplace **Twin Groves, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**
11. Industry or business **Railroad workman**

MOTHER FATHER
12. Name **George Myers**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary (unknown)**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Paul Walker**
(b) Address **1216 Concord Avenue**

17. (a) **Removal** (b) Date thereof **5/8/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nevada, Missouri**

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

19. (a) **5-8-47** (b) **W E Handley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1216 Concord Ave.,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**,
year **1947** hour **1:** minute **10** A.M.

21. I hereby certify that I attended the deceased from **April 14**, 19**47** to **May 8**, 19**47**
that I last saw him alive on **May 7**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration **10 hrs.**

Due to **Surgical shock following amputation left thigh** 1 day.

Due to **Arteriosclerotic gangrene toes and foot left** 2 mos.
arteriosclerosis, generalized

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **marked arteriosclerosis**
Of operations **left lower extremity**
Of autopsy
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 **Don Bilsky** (M. D. or other) **MD**
Address **Springfield, MO** Date signed **5-8-47**

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

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.....

Farrell Pope....., Registered Apprentice No. *479*
working under my personal supervision.

Signed *Jewell E. Tindle*.....

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.