

FILED AUG 14 1947

Registration District No.

Primary Registration District No. 5592

Registrar's No. 55

1. PLACE OF DEATH

(a) County: Jefferson

(b) City or town: Festus (Rural)
(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, years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: Festus (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Joseph Henry Myers

3. (b) If veteran, name war

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

4. Sex: male

5. Color or race: white

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

(b) Name of husband or wife: Elizabeth Weinberry

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: July 27 - 1888
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: by accidental contact with a live wire of electricity

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>20</u>	<u>hr</u> <u>min</u>

Due to.....

Due to.....

9. Birthplace: St. Louis, Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation: Yard Foreman

Major findings: Of operations.....

11. Industry or business

12. Name: Henry Myers

Of autopsies.....

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

14. Maiden name: unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Hilbank Myers

(b) Address: Crystal City, Mo.

17. (a) Burial (b) Date thereof: 7-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Festus Catholic Cem.

18. (a) Signature of funeral director: H. S. Vinyard

(b) Address: Festus, Mo.

19. July 19, 1947 (b) Oliver Bellville
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence: 50

(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? (Specify type of place)

While at work? (e) Means of injury: 3

23. Signature: J.B. Edwards (M. D. or Ch.D.)

Address: Ordor Hill Date signed: 7/18/47

PHYSICIAN

Underline the cause of which death was immediate cause of death.

REQUESTED

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

District Health Officer No. 9,
District File Number
Date Filed AUG 13 1947

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. 3010
P. O. Address.....

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.

Registration District No. 160 Primary Registration District No. 5592

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Berkeley
(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 _____ years, months or days

3. (a) PRINT FULL NAME Joseph H. Myer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, W married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased July 27 (Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 10 (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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: Accidental Contact with live wires (Electric)
Due to the Western Electric Light and Power Co of Missouri
Duration _____

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

Major findings: Of operations _____
Of autopsy _____
193
140

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) Accident
(b) Date of occurrence July 17th 1947
(c) Where did injury occur West of Jackson Creek (City, town) (County) (State)
(d) Did injury occur in or about home, on _____ in industrial place, in public place?
In public place
While at work No (Specify type of place) (e) Means of injury Electric Wire
23. Signature T. B. Edwards (M. D. or other) Coroner
Address Ordor Hill, Mo Date signed 8/15/47

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

SUPPLEMENTARY

24624