

3. No. 2
-12-45
5-17-39
PI X47070

FILED JUL 16 1947

Registration District No. 2

Primary Registration District No. 3045

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution:
1302 E. Commercial St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 1302 East Commercial
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Eva Downing Myers

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1947 hour 5 minute 45 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas R. Myers

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September 26 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 25 1947 to July 2 1947
that I last saw him alive on July 2 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>6</u>	hr. min.

Immediate cause of death Carcinoma of the head of the pancreas with metastasis to liver

Due to metastasis to liver

Duration 6 mon

9. Birthplace Bardwell Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Due to 46

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Housewife

12. Name Newton Downing

13. Birthplace Bardwell Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Story

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

Major findings: Same as above

Of operations Same as above

Of autopsy

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

16. (a) Informant Mr. Uriel Myers

(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof 7-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF-Charleston Mo

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?

18. (a) Signature of funeral director John F. ...

(b) Address Charleston, Missouri

19. (a) 7-10-47 (b) Mr. J. B. Bondurant
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury

24. Signature William ... (M. D. or other) MO

Address Charleston Mo Date signed 7-5-47

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

RECEIVED

District Health Office No.

District Office Number 747-90

Date Filed 7-14-18

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 *John F. Munnelle Jr*
Licensed Embalmer No. 3851
P. O. Address *Charleston, 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.