

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42485

State File No. _____

FILED DEC 26 1947

Registration District No. 273

Primary Registration District No. 3837

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho, W. Benton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

In this community 14 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73

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

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Maxwell Eugene Myers

3. (b) If veteran, name war # 1

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1947 hour 8.00 minute _____ P. M. M.

4. Sex Male (1) 5. Color or race White

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

6. (b) Name of husband or wife Evea

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

7. Birth date of deceased July 15 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 14 1947 to Dec 14 1947
that I last saw him alive on Dec 14 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 4 29 hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 1 Day

9. Birthplace Waynesburg Penn
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Plumber

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Camp Crowder

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Richard D. Myers

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

14. Maiden name Anna Feister
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Evea Bell Myers

(b) Address Neosho, Mo.

17. (a) Burial (b) Date thereof Dec. 17,
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Date of occurrence _____

(c) Place: burial or cremation Augusta, Kansas

407 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 Clark-Bigham Mortuary

(b) Address Neosho, Mo

While at work? _____ Means of injury 0

19. (a) Dec. 16, 1947 (b) Melvin C. Boreman
(Date received local registrar) (Registrar's signature)

23. Signature Harold C. Reutz (M. D. or other) M.D.
Address Neosho, Mo Date signed Dec 16, 1947

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

MOTHER FATHER

FEB 6 1948

RECEIVED
District Health Officer No. *Newton*
District File Number *1247-331*
Date filed *12-24-47*

JAN 1 1948

JAN 12 1948

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 *H. G. White*

Licensed Embalmer No. *4240*

P. O. Address *Neosho, 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.