No. 2
1/47
27-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3324

State File No. 2

FILED JAN 10 1948

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 41

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution D.O.A. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town South Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Waving Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Hattie Kelly Myers
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 3
5. Color or race negro
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife Louis Myers
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Unknown (Month) (Day) 1490 (Year)

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Boone Co Centralia Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Jim Kelly
13. Birthplace Do not know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Leonard
15. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Victor Brown
(b) Address Columbia Mo
17. (a) (Burial, ~~cremation~~, or removal) (b) Date thereof 1-7-49 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo
18. (a) Signature of funeral director A. C. Freeman
(b) Address 608 Park Ave Columbia Mo
19. (a) 1-7-48 (Date received local registrar) (b) Cecil A. Z. Sharp MD (Registrar's signature) MSan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cause unknown
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

Signature Cecil A. Z. Sharp (M. D. ~~or other~~)
Address Commissioner of Health Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me ..... Registered Apprentice No. ..... working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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.