

FILED MAY 1 1948

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 57

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 409 S. Western Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert G. Myers
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Lydia Myers 6. (c) Age of husband or wife if alive August 20, 1864 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Benjamin Myers
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Austin
 15. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Griffith
 (b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof April 20, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope, Callaway Mo;
 18. (a) Signature of funeral director Paul T. Vrecks
 (b) Address Mexico, Mo.

19. (a) 4/20/48 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Williamsburg
(If outside city or town limits, write "RURAL")
 (d) Street No. none
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
 year 1948 hour 2 minute 30 P.

21. I hereby certify that I attended the deceased from March 29,
48 April 17, 1948
 that I last saw him alive on April 17, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis. Duration _____
Heart block, left bundle branch block.

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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) h
 (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 0
 23. Signature Harry F. O'Brien (M. D. or other) _____
 Address Mexico Mo Date signed 4/20/48

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

1531
7 08
84
10.12.48
1100

RECEIVED
District Health Officer No. 10
District File Number 448-275
Date Filed APR 28 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.....

Clarence C. Robinson....., Registered Apprentice No. *56*
working under my personal supervision.

Signed..... *Earl E. Puff*.....

Licensed Embalmer No. *3189*.....

P. O. Address *Mexico, 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.