No. 300
—10-47
5-17-39
PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 235

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5817

State File No. 20206

Registrar's No.

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural, Mill Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 Miles . South Syracuse , Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles South Syracuse , Mo 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country Native

3. (a) PRINT FULL NAME Emery Elmer Myers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased October, 10th. 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	16	hr. min.

9. Birthplace Morgan County , Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Adam Myers 1
13. Birthplace -- Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Parthenia Hambr
15. Birthplace Morgan County , Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant A. A. Myers (Brother)

(b) Address Syracuse , Mo.

17. (a) Burial (b) Date thereof 6/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel

18. (a) Signature of funeral director Jennie E. Richards

(b) Address Tipton , Mo.

19. (a) 7/3/48 (b) Myrta Hotsenpiller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1948 hour 6 minute 45 P.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.

	Duration
Immediate cause of death Bright Disease Cause unknown.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 32	
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)

(b) Date of occurrence 6-26-48

(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

23. Signature Birch L. Medicus Morgan County (M. D. or other) 3

Address Versailles Mo. Date signed Doronen 6-27-48

(Licensed Embalmer's Statement on Reverse Side)

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 Jewell E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton 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.