S. No. 12
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1948

Registration District No. 167

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4256

30209

State File No.

Registrar's No. 33

1. PLACE OF DEATH:
(a) County: JOHNSON
(b) City or town: HOLDEN
(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: —
(Specify whether years, months or days)
In this community: 15 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JOHNSON
(c) City or town: HOLDEN
(If outside city or town limits, write "RURAL")
(d) Street No.: WEST 3rd
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: LESTER EDWIN MYERS
3. (b) If veteran, name war: —
3. (c) Social Security No. 487-16-9142

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: EVANGELINE RUTH HANCOCK
6. (c) Age of husband or wife if alive: 28 years
7. Birth date of deceased: APRIL 9, 1914 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	5	21	hr. min.

9. Birthplace: FLORENCE, KANSAS (City, town, or county) (State or foreign country)
10. Usual occupation: CLERK
11. Industry or business: —
FATHER
12. Name: CLAUDE E. MYERS
13. Birthplace: TONGONOXIE, KANSAS (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: EMMA PETERSON
15. Birthplace: FLORENCE, KANSAS (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. EVANGELINE R. MYERS.
(b) Address: HOLDEN, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: ROSE HILL CEMETERY
18. (a) Signature of funeral director: R B Cast
(b) Address: Holden, Mo.
19. (a) Oct 3, 1948 (Date received local registrar) (b) Mrs D V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 30 year: 1948 hour: 1 minute: 0 M.
21. I hereby certify that I attended the deceased from 9/28, 1948 to 9/29, 1948 that I last saw him alive on 9/29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
cerebral embolism	
Due to: Auricular fibrillation	2 mo +
Due to: Enlarged heart — cause unknown	yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 9/50	

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

23. Signature: Paul Lowell (M. D. or other)
Address: Holden Mo Date signed: 9/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1949

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 E B Cast

Licensed Embalmer No. 405-9

P. O. Address Holden, 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.