

FILED OCT 29 1948

State File No.

Registration District No. 276

Primary Registration District No. 5947

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Phelps  
 (b) City or town "Rural" ST. JAMES TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
One Mile North Of St. James Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
5 Years (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
 (c) City or town Rural - St. James  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Clara Myers

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Myers 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. 25 1876  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 72    | 7      | 24   | hr. min.             |

9. Birthplace High Gate Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

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

14. Maiden name Mary Boyce  
 15. Birthplace Belle Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William Myers

(b) Address St. James Mo.

17. (a) Burial (b) Date thereof Oct. 21 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cem. High Gate Mo.

18. (c) Signature of funeral director Welford H. Winter

(b) Address Owensville Mo.

19. (a) 10-20-48 (b) Cora C. Birmingham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19  
 year 1948 hour 10 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1st 1948 to 19 1948  
 that I last saw him alive on Oct 17 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 46B  
 Of autopsy None

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 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature J. B. Underwood (M. D. or other)  
 Address St. James Mo Date signed Oct 19 48

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

2  
43  
39  
37823

RECEIVED

Phelps County Health Officer,

County File Number 10/28/48

Date Filed \_\_\_\_\_

NOV 18 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 Me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.**