No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37404

FILED DEC 1 1948

Registration District No. 2497 Primary Registration District No. 3045 Registrar's No. 101

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 Pecan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -----
In this community: 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Charleston (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Box 283
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: Henry Myers
3. (b) If veteran, name war: --------
3. (c) Social Security No.: -----
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mellissie Myers
6. (c) Age of husband or wife if alive: 28 years
7. Birth date of deceased: January 24, 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	9	22	hr. min.

9. Birthplace: Sunflower, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ---------
FATHER
12. Name: Henry Myers
13. Birthplace: Sunflower, Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mellissie Myers
(b) Address: Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Charleston, Mo.
19. (a) 11-24-48 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 101

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1948 hour 9:50 minute A. M.
21. I hereby certify that I attended the deceased from Sept 1, 1948, to Nov 15, 1948, that I last saw him alive on Nov 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis degeneration — Duration 1 yr.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: 93.D

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:
(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: [illegible] (M. D. or other)
Address: Wyatt Mo. Date signed 11-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Heal[illegible] No. 2,
District File Number 1148-1587
Date Filed 11-30-41

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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.