

1939 FEB 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1466
Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 13
(b) Township ARDWAY Primary Registration District No. 5216
(c) City SAVANNAH (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. SARAH LUCRETIA MYERS.

(a) Residence, No. FARM St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. T. MYERS, SR.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-8-1868

7. AGE YEARS 75 MONTHS 10 DAYS 12 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) TAYLORVILLE (STATE OR COUNTRY) ILL

FATHER 13. NAME JOHN WORLEY

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) KY.

MOTHER 15. MAIDEN NAME ELLEN LANE

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. PEARL CAMPBELL (ADDRESS) REA. 110 #1

18. BURIAL, CREMATION, OR REMOVAL PLACE SAVANNAH MO DATE JAN-22-1939

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO

20. FILED JAN 21 1939 Mrs. A. B. King Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1939 to Jan 20 1939. I last saw her alive on Jan 20 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Constrictive Heart Failure Date of onset 93C

Other contributory causes of importance: Degenerative Myocarditis of about 10 yrs

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Walter C. Myers, M. D.
(Address) Savannah Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

J. Fred Turhune
Licensed Embalmer No. 1279

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.)