

REC'D FEB 21 1939

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

2017
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
(b) Township Platte Primary Registration District No. 4/22 Registered No. 2
(c) City Smithville (d) Street No. Smithville Community Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

620 Homer F. Myers
(a) Residence, No. Plattsburg, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Ann Lou Willett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Pleasant, Pa.

FATHER 13. NAME Michael Myers 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 1

MOTHER 15. MAIDEN NAME Ada Runbaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 1

17. INFORMANT Mrs. Homer F. Myers
(ADDRESS) Plattsburg, Missouri

18. BURIAL, CREMATION, OR REMAINS PLACE Smithville, Mo. DATE Jan. 31 1939

19. FUNERAL DIRECTOR McComas Mortuary
(ADDRESS) Smithville, Missouri

20. FILED 1-30- 1939 E. C. Hill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939, to Jan 29, 1939

I last saw him alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 11 a. m.

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

Coronary thrombosis
type III
108

Other contributory causes of importance:

Coronary disease

Name of operation None Date of no

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1939

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? Yes
If so, specify

(Signed) [Signature], M. D.

184 (Address) Smithville Mo

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/2/39

STATEMENT BY LICENSED EMBALMER

I, Owen J. Boggess, Jr., Licensed Embalmer No. 3940

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Owen J. Boggess, Jr.
Licensed Embalmer No. 3940

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.)