V. S. No. 2
0M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5984

Registration District No. 85 — Primary Registration District No. 1091 — Registrar's No. 185

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. Washington Tws. R.F.D. #6 (If rural, give location) St. Joseph, Mo
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME 620 Edward F. Myers
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie B. Myers
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept. (Month) 7, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	9	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Jacob Myers
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)
MOTHER
14. Maiden name Mary Fortune
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs Lottie Myers
(b) Address R.F.D. #6. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cemt.
18. (a) Signature of funeral director Herman Wm Bredenfader
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) 2/19/40 (Date received local registrar) (b) H J Mastlebush 85 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th year 1940 hour 8 minute 33 A.M.
21. I hereby certify that I attended the deceased from Dec 29 - 39, 19__, to Feb 16, 1940, that I last saw him alive on Feb 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Shock following gastric resection for large (malignant) ulcer of
Due to Lesser curvature of stomach
Due to
Other conditions Arterio Sclerosis 46
(Include pregnancy within 3 months of death)
Major findings: Of operations malignant ulcer of stomach
Of autopsy no

Duration

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 301 N 8 St Joseph Mo Date signed Feb 17 40

(Licensed Embalmer's Statement on Reverse Side)

Elbert E. Harrington

3258.

St. Joseph, Mo.