

No. 2
12-40
17-39
X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

4662
2303

FEB 25 1940

Registration District No. 083

Primary Registration District No. 6138

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles N.W. Houston
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (A) PRINT FULL NAME HERBERT R. MYERS

3. (b) If veteran, name war _____ 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 Glady's Myers 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov 30 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Summersville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Monroe Myers

13. Birthplace Ellis Prairie Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ava Rose

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Glady's Myers

(b) Address Ellis Prairie

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

(c) Place: burial or cremation Emergency

18. (a) Signature of funeral director Hayward V. Elliott

(b) Address Houston Mo

19. (a) Oct. 31 (b) Julia Keeney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 26 year 1940 hour 3 minute 3 P.M.

21. I hereby certify that I saw attended the deceased from on Oct. 26, 1940, to had been Drowned, and that I last saw him alive on was with him in and that death occurred on the date and hour stated above.

Immediate cause of death He with another party in boat. Boat overturned. He being unable to swim drowned. Duration _____
Due to entirely an accident
Due to no inquest so far.

Other conditions (include pregnancy within 3 months of death) 1878

Major findings: Of operations 1878
Of autopsy 26

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 107

(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? no

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. H. ... (M. D. or other) _____

Address _____ Date Signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 241257

Date Filed _____

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 E. Wood

Licensed Embalmer No.

4026

P. O. Address

Houston, 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.