

2
13-40
7-39
X23159

APR 27 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10908

Registration District No. 398

Primary Registration District No. 5554

State File No. _____

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jackson Bl.

(b) City or town Kennett City (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9136 Wilson Rd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 30 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town 9136 Wilson Rd. Kennett
(If outside city or town limits, write "RURAL")

(d) Street No. Kennett City Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Myers John G.

3. (b) If veteran, name war no

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1941 hour 4 minute 10 P.M.

4. Sex Male 5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife no record

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased: 12 (Month) 22 (Day) 1849 (Year)

21. I hereby certify that I attended the deceased from March 19 1941 to Mar 21 1941; that I last saw him alive on March 21 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 2 Days 19 If less than one day hr. _____ min. _____

Immediate cause of death: acute nephritis

Due to cause unknown

Due to renal insufficiency

Other conditions: extreme age
(Include pregnancy within 3 months of death)

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name no record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

Due to _____

Other conditions: extreme age
(Include pregnancy within 3 months of death)

16. (a) Informant Felix Myers

(b) Address 9136 Wilson Rd.

Major findings: _____

Of operations: _____

Of autopsy: none

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 3-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Woodland Indep

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? 310 -

18. (a) Signature of funeral director John P. Shield

(b) Address 6606 Independence

19. (a) March 22 41 (Date received local registrar)

(b) F. L. Cook M.D. (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

23. Signature J. N. Hill, M.D. (M. D. or other) _____

Address 1478 Wedgus Av Date signed 3/22/41

(Licensed Embalmer's Statement on Reverse Side) Independence Mo

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

MOTHER FATHER

Duration 4 days

Physician Unknown

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.