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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28164

FILED SEP 12 1941

Registration District No. 235 Primary Registration District No. 5322 Registrar's No.

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Rural Polk Township
(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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 029
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Lee Myers
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Myers
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct 2 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Cammer, Hart County Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business

FATHER
12. Name James T. Myers
13. Birthplace Hart County Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florence Wells
15. Birthplace Hart County Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Myers
(b) Address Dadeville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sinking Creek
18. (a) Signature of funeral director Erwin F. Dinwiddie
(b) Address Dadeville Mo
19. (a) Sep 1 1941 (Date received local registrar) (b) B. B. Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23 year 1941 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from Aug 13 1941, to Aug 28 1941, that I last saw him alive on Aug 19 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	20 days
Due to Had preceding attacks for more than	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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 B. B. Kirby (M. D. or other)
Address Dadeville Mo Date signed 9-1-41

(Licensed Embalmer's Statement on Reverse Side)

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 L. L. Dinwiddie

Licensed Embalmer No. 378 b

P. O. Address Dadeville Mo.

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

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