

FILED OCT 11 1943-13
Registration District No.

Primary Registration District No. 5781

W.T. 86

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Millman (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 Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller

(c) City or town Millman (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES ROBERT MEYERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1943 hour _____ minute 7:30 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ladice (Jane) Meyers 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: July 29 1867 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 21 1943 to Sept 23 1943 that I last saw him alive on Sept 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>24</u>	_____ hr. _____ min.

Due to Carcinoma of st. lung

Due to _____

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

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations: _____

Of autopsy: _____

11. Industry or business _____

12. Name Charles Meyers

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Maudy Bass

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Calvin Meyers

(b) Address Millman, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Watkins, Mo

18. (a) Signature of funeral director Ch. Bassy

(b) Address St. Louis Mo

19. (a) 9/20/43 (Date received local registrar) (b) CR Hawkins (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Myron S Jones (M.D.)

Address Burbuley, Mo Date signed 9/28/43

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

weaver

RECEIVED

Tuller County Health Dept.

County File Number 43-74

Date Filed 10-5-43

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 E. L. Casey

Licensed Embalmer No. 2694

P. O. Address Storia, 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.