

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Pinckney) Miss
(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 1
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Pendleton
(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 Charles Frederick Myers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara J. Myers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 7, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 20 _____ hr. _____ min.

9. Birthplace near Warrenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Myers
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ellen Hopkins
15. Birthplace near Warrenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara J. Myers
(b) Address Pendleton, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 10-1-43
(Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) Oct. 28 1943 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1943 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest and other internal injuries

Due to Earth slide which crushed body against a trunk.

Due to (Verdict of Coroners Jury)

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

Major findings: Of operations 174-6
Of autopsy 4

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) accident 109

(b) Date of occurrence September 27-1943

(c) Where did injury occur? In clay mine - In Warren Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place - Clay mine
While at work? yes (Specify type of place) (e) Means of injury Earth slide

23. Signature Mrs. F.H. Kinge Coroner
(M.D. or other)

Address Warrenton, Mo. Date signed Sept 29

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

09
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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 John J. Hilberg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.