

FILED JAN 10 1944
Registration District No. 47

Primary Registration District No. 5160

Registrar's No. 463

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Rural -- Calwood Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7 1/2 Mil E. of Fulton.
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway ¹⁴
 (c) City or town Rural -- Calwood Twsp. ⁰
(If outside city or town limits, write "RURAL")
 (d) Street No. Fulton R. F. D. # 1 ⁰
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ ⁰

3. (a) PRINT FULL NAME BENJAMIN HENRY MYERS
 (b) If veteran, name war No (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 Minnie Myers 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Oct 21 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 9 _____ hr. _____ min.

9. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Benjamin F. Myers

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Mary Austin

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

16. (a) Informant John Dudley

(b) Address Ray, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 10/1/44
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Josie Morant
 (b) Address Fulton, Mo.

19. (a) 1-3-1944 (b) Josie Morant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
 year 1943 hour noon minute _____ M.

21. I hereby certify that I attended the deceased from the spring
months of 1943 to Dec-30 1943
 that I last saw him alive on in Nov 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death stroke
cholesterol a stroke
 Due to Arterio Sclerosis

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

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN J. J. [Signature]
 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?

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

23. Signature [Signature] (M. D. or other) _____
 Address Fulton Mo Date signed 12/31/43

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

14
0
0

1147

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, ~~only~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert E. White*

Licensed Embalmer No. *4168*

P. O. Address *Quinton, 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.