

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3318**

FILED JAN 15 1944
Registration District No. **167**

Primary Registration District No. **5607**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Rural, Kingsville Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **not confined to Hosp**
(If not in hospital or institution, write street number or location) **none**

(d) Length of stay: In hospital or institution **15 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

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

(d) Street No. **Kingsville Twp.**
(If rural, give location)

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

If yes, name country **XX**

3. (a) PRINT FULL NAME **Mildred Myer**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **W**

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

6. (b) Name of husband or wife **J. L. Myer** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **November 30 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **0** Days **17** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **George S. Atkinson**

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

14. Maiden name **Martha Askeroff**

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

16. (a) Informant **J. L. Myer**

(b) Address **Holden, Missouri.**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden Missouri**

18. (a) Signature of funeral director **Canaday and Ropp**

(b) Address **Holden, Missouri.**

19. (a) **12-20-43** (b) **Rathew S. Canaday**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**
year **1943** hour **2:30** minute **P** M.

21. I hereby certify that I attended the deceased from **July 2**, 19**41**, to **Dec 17**, 19**43**,
that I last saw him alive on **Dec 17**, 19**43**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Amyotrophic Lateral Sclerosis**

Due to **2**

Due to

Other conditions **Inanition**
(Include pregnancy within 3 months of death)

Major findings: **g2:1**
Of operations
Of autopsy

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)

(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 **Kelly Rawlins** (M. D. or other)

Address **Holden, Mo** Date signed **12/20/43**

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

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.....

Samuel B. Royer

Licensed Embalmer No.....

40 44

P. O. Address.....

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.