

FILED MAY 15 1944

Registration District No. 230

Primary Registration District No. 4140

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Cuba
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Jane Myers

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Thomas Myers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 5th 1865
(Month) (Day) (Year)

3. AGE:	Years	Months	Days	If less than one day
	<u>7.8</u>	<u>6</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Nathan G. Reeves

13. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Baker

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

16. (a) Informant Edw. C. Myers

(b) Address Cuba, Missouri

17. (a) Burial (b) Date thereof May 3rd, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cem. Cuba, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Cuba, Missouri

19. (a) May 2nd 1944 J. G. A. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1944 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 2nd 1942 to May 1st 1944
that I last saw her alive on May 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver Duration 1 1/2 yrs.

Due to Unknown

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address [Address] Date signed May 1st 1944

MAY 22 1945

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.....
Licensed Embalmer No..... 3643
P. O. Address..... Cuba, Missouri

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.