

FILED JUN 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21891

State File No.

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon
(If outside city or town limits, write "RURAL") 2
(d) Street No. Alamo Club
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HUGH C. MYERS

3. (b) If veteran, name war. 3. (c) Social Security No. 487-28-7299

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna L. Myers
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May 31 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 22 hr. _____ min.

9. Birthplace Grundy Co. Mo. 0
(City, town or county) (State or foreign country)

10. Usual occupation Capt. Operator

11. Industry or business

MOTHER FATHER
12. Name Hicks Myers 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smedley
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna L. Myers

(b) Address Lebanon Mo. Brie Rt.

17. (a) Burial (b) Date thereof 5-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 6-5-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 10, 1944 to May 23, 1944
that I last saw him alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Auto-intoxication, amnia

Due to Malaria (aesho autumnal)

Due to _____

Other conditions (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)
(c) Means of injury _____

23. Signature H. G. Hamilton (M. D. or other)

Address Lebanon, Mo Date signed 6-23-44

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

Received

Laclede County Health Unit

File No. 5-44-70

Date Filed 6/21/44

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 *Dorsey M. Howe*

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.