

S. No. 2
DM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16169**

Registration District No. _____

Primary Registration District No. **4009**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Andrew**

(b) City or town **Savannah**
(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 **37 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **105 North 4th**
(If rural, give location) _____

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

3. (a) PRINT FULL NAME **Walter Campbell Myers**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1945** hour **12** minute **55** A. M.

4. Sex **male** 5. Color or race **white**

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

(b) Name of husband or wife **Georgia E. Myers**

(c) Age of husband or wife if alive **53** years

7. Birth date of deceased **January 26 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 1943** to **4/17/45**, 19____
that I last saw him alive on **April 8**, 19**45**,
and that death occurred on the date and hour stated above.

8. AGE: **69** Years **2** Months **21** Days
If less than one day hr. _____ min.

Immediate cause of death

**Heart disease, arteriosclerotic ?
and hypertensive
Myocarditis, Chr.**

Due to **Hypertension**

Other conditions **Nephritis Chr.**
(Include pregnancy within 3 months of death)

Duration

3

2

2

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

10. Usual occupation **physician**

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Dr. J. C. Myers**

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

14. Maiden name **Martha Ann Campbell**

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

16. (a) Informant **Mrs. W. C. Myers**

(b) Address **Savannah, Mo.**

17. (a) **burial** (b) Date thereof **4/19/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Savannah, Mo.**

18. (a) Signature of funeral director **Heaton Beble, Bowman**

(b) Address **319 So. 10th**

19. (a) **4/18/45** (b) **J.H. Fitchman**
(Date received local registrar) (Registrar's signature)

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 **W.C. Myers** (M. D. or other) **MD**
Address **Savannah, Mo.** Date signed **4/17/45**

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

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Dr. H. W. Carle
Phy. & Surg. Bldg.

AUG 20 1945

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

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 Frank A. Downey
Licensed Embalmer No. 1710
P. O. Address St. Joseph 24

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.