

FILED APR 30 1946

Registration District No. ....

Primary Registration District No. 5915

Registrar's No. 3

1. PLACE OF DEATH

(a) County Mc Donald  
(b) City or town James, rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald  
(c) City or town James, rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Joseph Myers

(b) If veteran name war None

(c) Social Security No. None

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced S.O  
(b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased 1-13-1907  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th  
year 1946 hour 4 minute 30 P. M.  
21. I hereby certify that I attended the deceased from .....

....., 19..... to ....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

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

Major findings: Of operations .....  
Of autopsy 940

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? .....

(e) Means of injury 3  
23. Signature L. M. Humphrey (M. D. or other) Barner  
Address Pinville, Mo. Date signed 2-11-46

8. AGE: Years Months Days If less than one day  
39 - 27 hr. min.

9. Birthplace James, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Labaret

11. Industry or business same

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant State Social Records

(b) Address Pinville, Mo.

17. (a) Burial (b) Date thereof 2-11-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinville

18. (a) Signature of funeral director L. M. Humphrey

(b) Address Pinville, Mo.

19. (a) 3-4-46 (b) Ms. B. E. Bradley  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**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.....

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.**