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ev. 5-17-39
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27569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 20 1946
Registration District No. 769

Primary Registration District No. 5614

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Newark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home - Newark
(If not in hospital or institution, write street number or location)

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

(2) USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

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

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

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

3. (a) PRINT FULL NAME Samuel Meredith Myers

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 17 1946 to Aug 11 1946
that I last saw him alive on Aug 11 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race White

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

6. (b) Name of husband or wife Theresa M. Cathey Myers

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Sept 13 1867
(Month) (Day) (Year)

Immediate cause of death:
Cerebral Hemorrhage Duration 4 PM

8. AGE: Years 78 Months 10 Days 18 If less than one day 11 hr. 15 min.

Due to Arterio Sclerosis

Due to

9. Birthplace Newark - Knox co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Livestock Breeder

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

11. Industry or business Farming + Livestock

12. Name James Russell Myers

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

14. Maiden name Mary Loue (Porter) Myers

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

Major findings:
Of operations 930

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Clyde D. Meubre
(b) Address Newark Mo

17. (a) Burial (b) Date thereof 8-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark Mo

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?
(Specify type of place)

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing Mo

19. (a) 8-8-46 (b) Nell S. Nunnelt
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (a) Means of injury.....

23. Signature Nalab B. ... (M. D. or other) MD
Address Knox City Mo Date signed Aug 3 1946

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

2
0
0

26490

VS MAR 31 1959

RECEIVED
District Health Officer No. 10
District #5 Number 8-46-1585
Date Filed AUG-19-1946

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: *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Evring 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.