

S. No. 2
MOM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18460

Registration District No. 297

Primary Registration District No. 4020

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. South east of Hardin ?
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John William Myers

3. (b) If veteran name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 6 minute 30 P. M.

21. I hereby certify, that I attended the deceased from head when I arrived 1947 to May 21 1947
that I last saw him alive on not for several days 1947
and that death occurred on the date and hour stated above.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 191868
(Month) (Day) (Year)

Immediate cause of death Probably Coronary Occlusion - He died suddenly.

Due to Had suffered with his heart 1 or 2 yrs

Due to Arterio-sclerosis

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

8. AGE: Years Months Days If less than one day

78 10 9 hr. 5 min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Y. Myers,

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

14. Maiden name Sarah Jane Welder

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

16. (a) Informant J. Carl Myers

(b) Address Hardin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-47
(Monthly) (Day) (Year)

(c) Place: burial or cremation Hardin Cem

18. (a) Signature of funeral director John W. Krupschke

(b) Address Hardin Mo

19. (a) 5-22-47 (Date received local registrar)

(b) Mabel Jackson (Registrar's signature) 217 13

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Marion Idemus (M. D. or other) _____

Address Hardin Mo. Date signed 5/22/47

(Licensed Embalmer's Statement on Reverse Side)

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

89
0
0

MOTHER FATHER

RECEIVED

District Health Office No. 8

District File Number

Date Filed 6-5-47

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.