

No. 2  
-5-43  
5-17-39  
1 X36671

FILED AUG 13 1947  
Registration District No. 3

Primary Registration District No. 6154

Registrar's No. 31

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

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town near Morehouse, Mo.  
(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. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY LOUISE MYRES

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

3. (c) Social Security No. 41-155

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased. Feb. 20 1933  
(Month) (Day) (Year)

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

14 5 20 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Henry Myres

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

14. Maiden name Theona Wilson

15. Birthplace White County Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Myres

(b) Address Morehouse, Mo.

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

(c) Place: burial or cremation Parma, Mo.

18. (a) Signature of funeral director. H. W. Atchell

(b) Address 5. S. ...

19. (a) 8-7-47 (Date received local registrar) (b) Kate Hauler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

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

(e) Citizen of foreign country? (Yes/No) No

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1947 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death definite cause Duration

if death unknown to jury.

Probably caused by

Due to rape.

Due to 168

Other conditions (Include pregnancy within 3 months of death)

Major findings: Autopsy by Dr. ... PHYSICIAN

Of operations 168

Of autopsy 2d more by 8 1946

road legions.

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) UNK 770 W 771

(b) Date of occurrence UNK 770 W 771

(c) Where did injury occur? UNK 770 W 771  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
UNK 770 W 771

(e) While at work? No (Specify type of place) (f) Means of injury Not established

23. Signature [Signature] (M.D. or other) 3

Address Dexter, Mo. Date signed 7-11-47

RECEIVED

District Health Office No. 2,

District File Number 842-1021

Date Filed 8-11-42

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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. 2941

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.**