

S. No. 2
4-542
1-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17685

State File No.

FILED JUN 10 1943

Registration District No. 211-79 Primary Registration District No. 4-2-8-1111 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Centertown, Mo. Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Centertown, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 16 Yes years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Centertown, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Centertown (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME George Thomas Myers

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex Male 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: Dec 16 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 21 hr. min.

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

10. Usual occupation Janitor of school

11. Industry or business.....

MOTHER FATHER
12. Name Thomas Myers
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Faid Medina
(b) Address Centertown

17. (a) Burial (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cent

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 4/30/43 (b) J. J. Withaus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from October
1940 to April 1943
that I last saw him alive on April 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombus 3 min.
Duration

Due to Age and work

Due to.....

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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?

While at work?..... (Specify type of place) (e) Means of injury 2

23: Signature J. T. Hillie (or other) D.O.
Address Centertown, Mo. Date signed 4-29-43

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

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.....

Earl R. Bowlin

Licensed Embalmer No.....

2126

P. O. Address.....

California, 7

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.