

FILED FEB 16 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4151  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
(b) Township St. Francois Primary Registration District No. 6018A  
(c) City Near Farmington (d) Street No. State Hospital No. 4 Registered No. 22  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

William M. Myer  
(a) Residence, No. Jackson, Mo. Route 1 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Myer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1861

7. AGE YEARS 80 MONTHS 1 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith & farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Missouri

FATHER 13. NAME Cornard Myer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson, Mo. DATE 2-5 1941

19. FUNERAL DIRECTOR (NAME) Glenn Wilson (ADDRESS) Jackson, Mo.

20. FILED 2-4-41 19 W. B. Robinson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 19 41

22. I HEREBY CERTIFY, That I attended deceased from 10-14- 19 40, to 2-3 19 41

I last saw him 17A alive on 2-2 19 41. Death is said to have occurred on the date stated above, at 7:50A m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic hypertension  
heart disease (coronary thrombosis)  
and progressive decomposition of  
worked Gen art sclerosis  
Other contributors: ... 1 to 2 yrs

Name of operation no Date of no  
What test confirmed diagnosis hist & physical an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Geo. Tivis Graves, Jr. M.D.  
(Address) Farmington, Mo.

**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, .....

*Glenn Wilson*, or by .....

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

Signed..... *Glenn Wilson* .....

Licensed Embalmer No. *2828* .....

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, above space should be left blank.**