

SOCIAL SECURITY NO.
Unknown

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

21314932

Local File No. 387

If veteran, name war
World War II

FULL NAME Arthur R. Myers

PLACE OF DEATH
County Calhoun
Township
City or village Battle Creek, Michigan
Name of hospital Percy Jones Gen Hosp
(If not in hospital, give street address.)
Length of stay: in hospital 25 days In this community

USUAL RESIDENCE OF DECEASED:
State Indiana County
Township
City or village Fort Wayne
Street No. 1501 Martin St.
Citizen of foreign country?
If yes, name country

Sex Male Color or Race W Single, Married, Widowed or Divorced Married

NAME OF HUSBAND or WIFE
Name Mrs. Shirley Myers Age, if alive 20

Birth date of deceased 1 December 1922

Age: Years 22 Months 6 Days 28 If less than one day hrs min.

Birthplace Salt Lick, Kentucky

Usual occupation U.S. Soldier

Industry or business Unknown

Mother Father (Name) Emmett Myers (Birthplace) Salt Lick, Kentucky

(Maiden name) Mattie Sutton (Birthplace) Salt Lick, Kentucky

Informant Army Records, Percy Jones Hosp.

Address Battle Creek, Michigan

(Burial, cremation or removal (Circle the word which applies))

Place Salt Lick, Ky.

Cemetery Jones Date 6/29 1945

Funeral director's signature Battle Creek, Mich.

Address

Filed June 29, 1945 Hugh Robins, Jr. Local Registrar

MEDICAL CERTIFICATION

Date of death 28 June 1945

I hereby certify that I attended the deceased from 4 June 1945 to 28 June 1945. I last saw him alive on 28 June 1945. Death is said to have occurred on the

date stated above at 2:43 A.M. Duration

Immediate cause of death
1. Edema of lungs, severe, due to infectious (2) Hepatic insufficiency, secondary to # 3. (2) 3
3) Hepatitis, infectious (acute red atrophy), acute *hepatitis (3) 8 days

Major findings and dates:
Of operations None at this hospital

Of autopsy As above

In case of violence, state if accident, homicide or suicide
Date

Where did injury occur? (Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature Henry Felton
Address Capt., MC

MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD