

FILED OCT 4 1947
Registration District No. **2**

Primary Registration District No. **3017**

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

1. PLACE OF DEATH:

(a) County Casper

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

(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Glasgow, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Bernard Meyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1947 hour 3 minute 4 A.M.

21. I hereby certify that I attended the deceased from 30 Aug 47 to 6 Sept 47
that I last saw him alive on 6 Sept 47 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife Magdalene Glendoff 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased July 3 1873
(Month) (Day) (Year)

Immediate cause of death: cerebral accident - type undetermined arteriosclerosis

Due to: unknown but presumed to be arteriosclerosis

Other conditions: old age

Major findings: none done

Of operations: none done

Of autopsy: none done

Duration: 2 weeks

years (7 no.)

PHYSICIAN: _____

Underline the cause of which death should be charged statistically.

8. AGE: Years 74 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Henry Meyer

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

14. Maiden name Bertha Spreitzer

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

16. (a) Informant Mr. Linus Meyer
(b) Address Glasgow, Mo.

17. (a) Burial (b) Date thereof Sept 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation All Saints Catholic Church

18. (a) Signature of funeral director Charles Sherman
(b) Address Glasgow, Mo.

19. (a) 9-10-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Archie Ransom (M. D. or other) M.D.

Address 329 Main St., Boonville, Mo. Date signed 9-9-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-3-47

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed *E. W. Trimmitt*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.