REC'D OCT 7 1938

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

32154
Do not use this space.

3

1. PLACE OF DEATH

(a) County: Dunklin — Registration District No.: 282

(b) Township: Union — Primary Registration District No.: 5401 — Registered No.: 28

(c) City: ____ (d) Street No.: ____ St.

(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 Catherine Meyer bon

(a) Residence, No. ____ St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Albert Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11 - 1897

7. AGE: Years 41 | Months 8 | Days 9 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: ____

9. Industry or business in which work was done, as saw mill, bank, etc.: Housework

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): Missouri 0

FATHER

13. NAME: Geo Sibert 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER

15. MAIDEN NAME: Jacobs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Albert Meyer, Campbell, Mo 28

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Burial-Glenwoodville DATE: Sept 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Landess Funeral Home, Campbell Mo

20. FILED: Sept. 20, 1938 — E. H. Landess, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Sept 20, 1938

I last saw her alive on Sept 20, 1938. Death is said to have occurred on the date stated above, at 9 P. m.

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

Heart Block = — Date of onset Jan 4

050

Other contributory causes of importance: History of Heart arithmia for seven years

Name of operation: no — Date of: ✓

What test confirmed diagnosis? Ry — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury: ____, 19____

Where did injury occur? none (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) Lucyden Carlton, M. D.

(Address) Mullen

(Licensed Embalmer's Statement on Reverse Side)

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 18 1957

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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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.