

DEC 19 1938

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

39626

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
(b) Township Aurora Primary Registration District No. 4280 Registered No. 67
(c) City Aurora (d) Street No. 134 West Locust 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

(a) Residence, No. 134 W, Locust St 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ferdinand Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 7 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Seggiedeen 4
(STATE OR COUNTRY) Scotland

13. NAME Alexander Fraser

14. BIRTHPLACE (CITY OR TOWN) Scotland 4
(STATE OR COUNTRY)

15. MAIDEN NAME Issabella Maitland

16. BIRTHPLACE (CITY OR TOWN) Scotland 4
(STATE OR COUNTRY)

17. INFORMANT Mrs. Carl Wegmann
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Nov, 11 1938

19. FUNERAL DIRECTOR (NAME) W. F. King
(ADDRESS) Aurora Mo.

20. FILED Dec 2 1938 R. D. Cowan, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 9 1938

22. I HEREBY CERTIFY, that I attended deceased from April 4 1938, to Nov 9 1938

I last saw him alive on Nov 9 1938 Death is said to have occurred on the date stated above, at 1.15 P.M.

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

Hypertensive Heart Disease
Myocardial Failure
Date of onset 1935
11/5/38

Other contributory causes of importance: apoplexy with right sided hemiplegia
95%
11, 1938

Name of operation None Date of None
What test confirmed diagnosis Obit Was there 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? (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? No
If so, specify

(Signed) Dr. J. J. King, M.D.

418 (Address) 11 E. Locust St. Aurora, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-828

Date Filed DEC 16 1938

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,

Herman Surridge

or by

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

Signed.....

Herman Surridge

Licensed Embalmer No....3072.....

P. O. Address AURORA 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, above space should be left blank.