

REC'D MAR 13 1939

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

Do not use this space.

659

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5932

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 1001

File No. \_\_\_\_\_

Registered No. 143

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Carrollton, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

Carrollton, Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. 7 ds. \_\_\_\_\_

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 Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf

9. Industry or business in which work was done, as silk mill, 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) Saline Co. Mo.

13. NAME Jacob Meyer

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

15. MAIDEN NAME Caroline Stear

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

17. INFORMANT (ADDRESS) Records State Hoop # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, Mo. DATE Feb. 12, 1939

19. UNDERTAKER (ADDRESS) Willie Turner Home Carrollton, Mo.

20. FILED Feb. 11, 1939 H. Meitlbuch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to February 10, 1939

I last saw him alive on February 10, 1939. Death is said to have occurred on the date stated above at 12:25 P. M.

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

Generalized arteriosclerosis

Other contributory causes of importance: Acute myocardial failure Obesity

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chin lab. 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? \_\_\_\_\_ (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) D. P. Johnson M. D. (Address) State Hoop # 2

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.

STATEMENT BY LICENSED EMBALMER

I, J. E. Wiles, Licensed Embalmer No. 1783  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by \_\_\_\_\_

or by \_\_\_\_\_, Registered Apprentice No \_\_\_\_\_

Signed J. E. Wiles  
Licenses & Expiration Date 1783

**NOTE:** The above MUST BE SIGNED BY THE LICENSED EMBALMER OR HIS DEPUTY IN WRITING.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)