

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

**11249**  
 Do not use this space.

**RECD APR 7 1939**

**1. PLACE OF DEATH**

(a) County Johnson Registration District No. 427  
 (b) Township Madison Primary Registration District No. 4253  
 (c) City Holden or Holden (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 75 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Cyrus Monroe Metzler  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Ella Metzler (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 11 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
 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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to March 2, 1939  
 I last saw him alive on Mar 1, 1939. Death is said to have occurred on the date stated above, at 11:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
 Date of onset 2/25/39  
 Other contributory causes of importance:  
Chronic Nephritis  
Prostatitis (benign)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME Jacob Metzler

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

MOTHER 15. MAIDEN NAME Harriett Glinhardt

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

17. INFORMANT (ADDRESS) Grace Metzler  
Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Calvary Catholic Cemetery DATE MAR 4, 1939  
Holden Missouri

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T.W. Goodman  
Holden Missouri

20. FILED Mar 3, 1939 Mrs. S.V. Redford  
Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Kelly Braselina, M. D.  
3 (Address) Holden Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

U. S. NO. 2.  
 50M-9-1038  
 I X1665

**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 T. R. Goodman

Licensed Embalmer No. 2424

P. O. Address Stellen 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.**