REC'D MAY 18 1939

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

14699
Do not use this space.

27
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1. PLACE OF DEATH
(a) County Cooper Registration District No. 222
(b) Township Pilot Grove Primary Registration District No. 4135 Registered No. 5
or
(c) City Pilot Grove (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 16 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Meyer
(a) Residence, No. Pilot Grove, Mo.
(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 Male
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 Mary Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7-1862
7. AGE YEARS 77 MONTHS 1 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired
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) Mar-1-1936
11. Total time (years) spent in this occupation 60.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

FATHER
13. NAME Adam Nicholas Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

MOTHER
15. MAIDEN NAME Maggie Vollmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) Frank Meyer Pilot Grove Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pilot Grove, Mo. DATE April 6- 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HAYS & STOECKLEIN PILOT GROVE, MO.
20. FILED April 6, 1939 Mrs. E. B. McCutcheon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. (1934), 1934, to 4-4-, 1939
I last saw him alive on 4-2-, 1939. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
109	
Other contributory causes of importance:	
Bronchopneumonia	4-3-39

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) J. O. Baby, M. D.
(Address) Pilot Grove, Mo.

(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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/4/39

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. 3074

P. O. Address Pilot Grove, Mo.

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

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

3074