

REC'D MAY 18 1939

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

14800
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington, Mo. Primary Registration District No. 3016 Registered No. 40
 (c) City Washington, Mo. (d) Street No. 507 Jefferson St. 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 67 yrs. 6 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 507 Jefferson St., Washington, 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>6</u>	<u>5</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Worker
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri
 13. NAME Joseph Meyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany
 15. MAIDEN NAME Mary Kopp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri

17. INFORMANT (ADDRESS) Mrs. Elizabeth Engeman, Montrose, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE April 10th, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nickburg & Witt Inc., Washington, Missouri
 20. FILED Apr. 8 - 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr. 6 - 1939, to Apr. 6 - 1939
 I last saw him alive on Apr. 6, 1939. Death is said to have occurred on the date stated above, 8:30 P. M.
 The principal cause of death and related causes of importance were as follows:

multiple recurrent (Chronic Alcoholism)
 Date of onset Not known
 Other contributory causes of importance: Influenza, Hepatic Cirrhosis
 Name of operation None Date of None
 What test confirmed diagnosis? History 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 None, 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 None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify...
 (Signed) H. A. May, M. D.
Washington, 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.

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, Me

Lester H. Vitt

or by

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

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.