

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

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Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 73/
(b) Township Clifton Primary Registration District No. 5965- Registered No. 13
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 66-71 Albert C Meyer 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 (and wife of) Emma Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-26-1876
7. AGE YEARS 62 MONTHS 9 DAYS 16 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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)..... Mo
(STATE OR COUNTRY)

FATHER 13. NAME John F. Meyer
14. BIRTHPLACE (CITY OR TOWN)..... Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lina Lichtenberg
16. BIRTHPLACE (CITY OR TOWN)..... Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs A. C. Meyer
(ADDRESS) Clifton Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill Cem. DATE 9-14 1938

19. FUNERAL DIRECTOR (NAME) Geo B Winkelmeyer
(ADDRESS) Salisbury Mo

20. FILED Sept 25 1939 W. Bradsher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12 1939
22. I HEREBY CERTIFY, That I attended deceased from 9/12 1939, to 9-12 1939
I last saw him alive on 9-13 1939 Death is said to have occurred on the date stated above, 3:30 P.M.

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

Cerebral Apoplexy Date of onset 8/24
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify Yes
(Signed) Geo B Winkelmeyer, M. D.
(Address) Salisbury Mo

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

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.

NOT TO BE USED FOR ANY OTHER PURPOSE
EXCEPT AS SHOWN ON LABEL
NO. 10-39-1804

RECEIVED

District Health Officer No. 10

District File Number 10-39-1804

Date Filed OCT 11 1939

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. _____

P. O. Address _____

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.