DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36879

Registration District No. 668 NOV 24 1939 Primary Registration District No. 668 5-6-94 Registrar's No. 296

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town 3 miles north of Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home of J. Theo Thomas (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Pettis
(c) City or town R F D No. 4 Sedalia Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Josie Cronan Meyer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife deceased George Meyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 19 (Month) 79 (Day) 1870 (Year)

8. AGE: Years 69 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Pettis Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Patrick Cronan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Kelley
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. Theo Thomas
(b) Address Sedalia Mo R# 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-39 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Mo
18. (a) Signature of funeral director A. F. Hammond
(b) Address Smithton Mo
19. (a) Oct 18, 1939 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1939 hour 6.30 minute a M.

21. I hereby certify that I attended the deceased from April 10, 1939, to Oct. 16, 1939; that I last saw her alive on Oct. 14, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 Days
Due to Hypertension - arterio Sclerosis	10 Yrs
Due to Chron. Myo. Endocar	1 Yr
Other conditions Chron. interstit. nephritis (Include pregnancy within 3 months of death)	10 Yrs
Major findings: Of operations none	1
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? — (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Sedalia Mo. Date signed Oct 19 1939

(Licensed Embalmer's Statement on Reverse Side)

REV. 8-17-39
1 X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/7/35

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 A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.