NOV 24 1939

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

37064
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township Primary Registration District No. 4464 Registered No. 171
(c) City Farmington (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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Meyer
(a) Residence, No. Farmington Mo St.
(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 Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm A. Meyer.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1856
7. AGE YEARS 82 MONTHS 10 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
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) less than week
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run St. Francois Co. Mo

FATHER
13. NAME Adam Rosenstengle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Rebecca Crowthorne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) J. A. Meyer Flencor Mo R 1
18. BURIAL, CREMATION, OR REMOVAL PLACE Masons Cemetery DATE Oct 28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cozean Funeral Home Farmington Mo
20. FILED Oct 28 1939 B. J. Robinson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1939
22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1939, to 10-25, 1939
I last saw her alive on 10-25, 1939 Death is said to have occurred on the date stated above, at 6 30 A.m.
The principal cause of death and related causes of importance were as follows:

Terminal uremia
Cerebral hemorrhage

Date of onset

Other contributory causes of importance:
Hypertensive cardio-vascular disease; General Arteriosclerosis; Senility

Name of operation Clinical Lab Date of
What test confirmed diagnosis? Clinical Lab 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) H. Richard Crowder M. D.
(Address) Farmington, 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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14028

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....., or by .....,

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

Signed.....C. Hugo Cozzens.....

Licensed Embalmer No.....4084.....

P. O. Address.....Farmington N

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.