

MO DEL 15 1939

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

39324
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 190
(b) Township Jackson Primary Registration District No. 5244
(c) City _____ (d) Street No. _____ St. _____
(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 Letha Meyers

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Meyers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1891
7. AGE YEARS 48 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) (STATE OR COUNTRY) Peoria Co. Illinois

13. NAME W. J. Lapsley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Co. Illinois

15. MAIDEN NAME Mary Belle Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Co. Illinois

17. INFORMANT (ADDRESS) Raymond Meyers Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peoria Ill. DATE Dec 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Karle Kahoka Mo.

20. FILED 131- 1939 J. R. Bidaw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 1 1939 to Nov 30 1939

Last saw h. _____ alive on Nov 30 1939 Death is said to have occurred on the date stated above, at 11:40 AM

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

Coronary Occlusion Date of onset _____

Other contributory causes of importance Thrombosis & embolism

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 _____

(Signed) J. R. Bidaw M. D.
(Address) Kahoka 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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2165

Date Filed DEC 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 F. J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.