

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

39754

Do not use this space.

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 (c) City Clinton (d) Street No. \_\_\_\_\_  
 (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. 3108 Jefferson St 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Violetta Meyerotto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1893

7. AGE YEARS 46 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Swames  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albia Iowa

FATHER 13. NAME H. J. Meyerotto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

MOTHER 15. MAIDEN NAME Maragret Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

17. INFORMANT W<sup>m</sup> Meyerotto (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12/9/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Corisander & Beck  
Clinton Mo

20. FILED 10-16 1939 Dr. J. R. Stumptner Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1939

22. I HEREBY CERTIFY, That I attended deceased from nat 1, 1939, to 12-6, 1939  
 I last saw him alive on 12-6, 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Coronary Thrombosis Date of onset 12-6-39  
 Other contributory causes of importance: 94

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? Yes  
 If so, specify \_\_\_\_\_ (Signed) H. S. Walper, M. D.  
 (Address) Clinton 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.

JAN 22 1947

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

*J. E. Conzalez*

Licensed Embalmer No.

*1891*

P. O. Address

*Clinton 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.