

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

39781
Do not use this space.

1. PLACE OF DEATH: (a) County Walt Registration District No. 374
 (b) Township Forbes Primary Registration District No. 5521
 (c) City Oregon (d) Street No. _____ Registered No. 1
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 609 Mrs. Elizabeth R. Meyer
 (a) Residence, No. Farm near Oregon mo 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 Female 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 S. A. Meyer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 11 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 11
 OCCUPATION 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) Bloomington Illinois
 FATHER 13. NAME J. W. Rathbun
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ill.
 MOTHER 15. MAIDEN NAME Mary Jane Little
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ill.
 17. INFORMANT S. A. Meyer
 (ADDRESS) Oregon mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Burial Cem DATE July - 24 - 1939
 19. FUNERAL DIRECTOR Fred Terhune
 (ADDRESS) Savannah mo
 20. FILED 8-10-39 Clarence S. Harper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 22, 1939
 I last saw him alive on July 22, 1939. Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Developing in Acute Septic Endocarditis
92 W
 Other contributory causes of importance:
Partial Bowel Obstruction
from impaction
Pulmonary Edema
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) Clifford L. Steedley M. D.
J. L. Hannah M.D.

Date of onset
 ?
 June 22
 1939
 ?
 7/20/39

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.

Case No. 4
1239-1761
DEC 10 1939

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1239

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Terhune
Licensed Embalmer No. 1239

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.)