

1159 AUG 1 0 1940
Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **150**

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Finchel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 1 day
years, months or days

3. (a) PRINT FULL NAME ANDY MEYER L.O.D.

8. (b) If veteran, name war NO 8. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased July 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Andrain County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business lp

MOTHER FATHER { 12. Name Andrew Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Sigert
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Phil Meyer

(b) Address Mexico, Mo

17. (a) Burial (b) Date thereof July 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo

18. (a) Signature of funeral director Earl E. Tushy

(b) Address Mexico, Mo

19. (a) 7/15/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain
(c) City or town Mexico - Rural #1
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1940 hour 12 minute 15 AM

21. I hereby certify that I attended the deceased from June 24
1940 to July 7 1940
that I last saw him alive on July 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of lungs Duration 10 days

Due to bronchopneumonia 10 days

Due to debility from surgical intervention 11 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Large gastric ulcer ending into pancreas.
Of autopsy pulmonary gangrene; fibrinous pleurisy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Eugene M. Brinkman, M. D. or other MD
Address Ellis Finchel State Cancer Hospital Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Earl E. Puch, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl E. Puch

Licensed Embalmer No. 3189

P. O. Address myrtle 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.