

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26167

State File No. _____

Registration District No. 1115

Primary Registration District No. 6021

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St Francois Liberty, Mo
(b) City or town Rural
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 85-2-8
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. R. 3 Farmington
(If rural, give location)
(e) If foreign born, how long in U. S. A. none years.

3. (a) PRINT FULL NAME John Conrad Meyer
3. (b) If veteran name war no 3. (c) Social Security No. 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1940 hour 4 minute P M.
21. I hereby certify that I attended the deceased from May 10
1940, 19 July 1st, 19 40
that I last saw him alive on July 1st, 19 40
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Helderbrecht Meyer 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Apr. 24-1855
(Month) (Day) (Year)

Immediate cause of death Mitral Insufficiency
Duration _____

8. AGE: Years 85 Months 4 Days 8 If less than one day _____ hr. _____ min.

Due to arterio sclerosis
Due to _____

9. Birthplace St Francois Co Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farm

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Conrad Meyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Mease
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Meyer
(b) Address R#1 Farmington, Mo

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? _____

17. (a) Burial (b) Date thereof 7-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran

18. (a) Signature of funeral director Waidert and Co
(b) Address Farmington Mo
19. (a) 7-5-40 (b) H. A. Rydeen
(Date received local registrar) (Registrar's signature)

23. Signature Curil W. Henry (M. D. or other) _____
Address Farmington Mo Date signed 7/3/40

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

John A. McIndert

Licensed Embalmer No. 2238

P. O. Address Farmington, 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.