

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

9

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26440

Registration District No. 809

Primary Registration District No. 4489

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Scotland  
(b) City or town Gorin, Mo.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)

3. (a) PRINT FULL NAME Conrad Julius Ludwig Meyer

3. (b) If veteran, name was \_\_\_\_\_ (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella Meyer 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 28 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cafe Prop.

11. Industry or business \_\_\_\_\_

12. Name Hans Meyer

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

14. Maiden name Dora Krum

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

16. (a) Informant Mrs Ella Meyer

(b) Address Hospital, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof July 31 1940  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Guth & Porter

(b) Address Gorin, Mo.

19. (a) Aug 5 1940 (b) Mrs R C Stalklett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Gorin  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1940 hour 2:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 2nd 1940 to July 29th 1940  
that I last saw him alive on July 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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? 885

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓

23. Signature F M Schuman (M. D. or other) 1

Address Gorin Mo Date signed 8-5-40

RECEIVED

District Health Officer No. 10

District File Number 2-40-1523

Data Filed AUG 8 1940

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.....

Licensed Embalmer No..... 1817

P. O. Address..... Weymouth

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.