

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14339

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pacific Hotel /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Martin Meier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased not known
(Month) (Day) (Year)8. AGE: Years about 75 Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Martin Meier13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Margaretha15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant W. A. Miller(b) Address Jefferson City, Missouri17. (a) Burial (b) Date thereof Apr -
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation River View Cemetery18. (a) Signature of funeral director Thorpe Gordon(b) Address Jefferson City, Missouri19. (a) 4-26-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Pacific Hotel, Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 228 East Water
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1941 hour 9 minute 9 M.21. I hereby certify that I attended the deceased from now, 1941, to _____, 1941;
that I last saw him alive on not, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Heart diseaseDue to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy no
Coronary view

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Edw. M. [Signature] (M. D. or other) 0Address Jefferson City Mo Date signed 4-26-41

(Licensed Embalmer's Statement on Reverse Side)

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

2002

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Thorp J. Gordon

Licensed Embalmer No.

P. O. Address

*4786
Jefferson City 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, fact should be so stated above.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. _____

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin Meier
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 29
year 1941 hour _____ minute _____ M.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Δ
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years abt 75 Months _____ Days _____ If less than one day _____ hr _____ min _____
9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Heart Disease
Due to _____
Senility
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
94 W

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace: (City, town, or county) _____ (State or foreign country) _____
14. Maiden name _____ (State or foreign country) _____
15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) _____ (Registrar's signature) _____

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? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTAL COPY

S-14339