

2
3-40
7-39
DX23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14369

Registration District No. 237

Primary Registration District No. 5323

Registrar's No.

1. PLACE OF DEATH:
 (a) County Dade Center Twsp
 (b) City or town Greenfield, Mo.
 (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 _____
 In this community 60 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Presley Meyers.

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

4. Sex Male 5. Color or race Wh. 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 April, 5, 1877.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	11	hr. _____ min.

9. Birthplace Franklin Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Land Scaps Gardner

11. Industry or business _____

12. Name Fred C. Meyers.

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

14. Maiden name Kate Huffman
(City, town, or county) (State or foreign country)

15. Birthplace Franklin Co. Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Meyers.

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof Mar. 13, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cem.

18. (a) Signature of funeral director A. W. Ward
(b) Address Greenfield, Mo.

19. (a) 3-23-41 (b) Geo. W. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade 29
 (c) City or town Greenfield, Mo. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1941. hour 1 minute 45 a. M.

21. I hereby certify that I attended the deceased from 1/31/41
_____ 19____, to 3/16 _____ 1941;
that I last saw him alive on Feb. 24 _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency, Chronic.

Due to General Arteriosclerosis

Due to _____

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

Major findings:
Of operations _____

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) _____

(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?
214 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. D. Drisdel (M. D. or other) _____
Address Greenfield, Mo. Date signed 3/20/41

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

MOTHER FATHER

District Health Officer No. 6,
District File Number 541-1782
Date Filed MAY 13 1941

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 J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, Vt.

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.