

FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18256

Registration District No. 471

Primary Registration District No. 4284

Registrar's No. 22

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4
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Pierce City Mo.
(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 none
In this community 3 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME John Gerry Meyer
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive 15 years (Month) (Day) (Year) Jan. 1860

8. AGE: Years 86 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Cincinnati / Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Brick Mason

11. Industry or business
12. Name John B. Meyer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Meyer
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Meyer
(b) Address Pierce City Mo.
17. (a) Burial (b) Date thereof 5 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Patricks Cem.

18. (a) Signature of funeral director [Signature]
(b) Address Pierce City Mo
19. (a) 6-27-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 33
(c) City or town Pierce City 4
(If outside city or town limits, write "RURAL")
(d) Street No. 202 Myrtle 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20
year 1941 hour 8 10 minute P M.
21. I hereby certify that I attended the deceased from 8/22/40, 1940 to 5/20/41, 1941
that I last saw him alive on 5/20/41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Mitral regurgitation
Duration 11 days
Due to g2 B
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy
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?
422 (Specify type of place) While at work? (Specify means of injury)
23. Signature Charles Moore (M. D. or other) Mo.
Address Pierce City Date signed 5/24/41

RECEIVED

District Health Officer No. 6,

District File Number 641-936

Date Filed JUN 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.....

..... me, Registered Apprentice No.....
working under my personal supervision.

Signed Victor D. Hernandez

Licensed Embalmer No. 38122

P. O. Address Perse 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.