

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

Rev. 5-17-39  
U.S. Census Bureau

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19757 ~~17469~~  
State File No.

Registration District No. 134

Primary Registration District No. 4070

Registrar's No. 20

1. PLACE OF DEATH:  
(a) County CAPE GIRARDEAU  
(b) City or town JACKSON  
(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 55 YEARS years, months or days

3. (a) PRINT FULL NAME CHARLES W. MEYER  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ETNA LOWES MEYER 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased JULY 5 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 27 If less than one day hr. min.

9. Birthplace CAPE GIRARDEAU MO (City or town) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER { 12. Name JULIUS MEYER  
13. Birthplace CAPE GIRARDEAU MO (City or town) (State or foreign country)  
14. Maiden name ETNA HOPPER  
15. Birthplace CAPE GIRARDEAU MO (City or town) (State or foreign country)

16. (a) Informant's own signature Mrs. Char. W. Meyer  
(b) Address JACKSON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 4 1941 (Month) (Day) (Year)

(c) Place: burial or cremation RUSSELL-HEIGHTS-CEM.

18. (a) Signature of funeral director William Stuber Seabangh  
(b) Address JACKSON MO

19. (a) 6-3-41 (Date received local registrar) (b) D. G. Stuber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CAPE GIRARDEAU  
(c) City or town JACKSON (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 2 year 1941 hour 3 minute A.M.  
21. I hereby certify that I attended the deceased from June 2 1941 to June 2 1941 that I last saw him alive on June 2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none (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? 120  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm Stuber Seabangh (M. D. on other) HS  
Address JACKSON MO Date signed 6-3-41

JUN 24 1941

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**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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address JACKSON 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.**