

FILED JUL 17 1941

No. 2
41-10-39
7-30

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22008**

Registration District No. **457**

Primary Registration District No. **4971**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Concordia
 (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 all life years, months or days

3. (a) PRIME FULL NAME Lena Martha Meyer
 8. (b) If veteran, name _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William Meyer 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Nov. 19, 1874 (Month) (Day) (Year)

8. AGE:		If less than one day	
Years	Months	Days	hr. min.
<u>66</u>	<u>6</u>	<u>23</u>	

9. Birthplace Concordia Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business _____
 12. Name Henry Dittmer
 13. Birthplace St. Louis County Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Dittmer
 15. Birthplace St. Louis County Mo. (City, town, or county) (State or foreign country)
 16. (a) Informant Arthur Dittmer
 (b) Address Heggenwaller, Mo.
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation Elvauy
 18. (a) Signature of funeral director John E Meyers
 (b) Address Wedge, Mo.
 19. (a) 6-13-41 (Date received local registrar) (b) Berdinand Stryman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
 (c) City or town CONCORDIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 208 East 10th St. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? American years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 10th, 1941, to June 12, 1941, that I last saw her alive on June 12th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris
Malignant Hypertension

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

Major findings: _____
 Of operations _____
 Of autopsy _____

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 Edmund J. Mack (M. D. or other) _____
 Address Concordia, Mo. Date signed 6/12/41

~~Date filed~~
~~District File Number~~ 7-8-41
~~District Health Officer No. 8~~
FILED

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

John E. Myers

Licensed Embalmer No. 3220

P. O. Address *Edelia, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 457

Primary Registration District No. 4271

Registrar's No. _____

1. PLACE OF DEATH: Lafayette
 (a) County _____
 (b) City or town _____
 (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 Lena Martha Meyer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
 7. Birth date of deceased Nov. 19 1874
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

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

Immediate cause of death _____
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____
 (b) Address _____
 17. (a) Burial (b) Date thereof 6-13-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 6-13-41 (b) Gerard Shryman
 (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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

