

FILED AUG 11 1941

State File No. _____

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Southeast Missouri Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cape Girardeau R. F. D. #1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William H. Meyer

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 Married
 6. (b) Name of husband or wife Rosie Meyer 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 20 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 3 _____ hr. _____ min.

9. Birthplace Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Julius Meyer
 13. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Anna Hoppel
 15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Meyer
 (b) Address Cape Girardeau Mo. R.F.D. #1
 17. (a) Burial (b) Date thereof July 25 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Egypt Mills Lutheran Cemt.
 18. (a) Signature of funeral director L.L. Haman
 (b) Address Cape Girardeau Mo.

19. (a) 7-24-41 (b) J.M. Thompson
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
 year 1941 hour 9 minute 20 p. M.

21. I hereby certify that I attended the deceased from July 19
1941 to July 23 1941.
 that I last saw him alive on July 23 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial Nephritis 2 yrs
arterial sclerosis Duration ?

Due to _____

Due to _____

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

Major findings: Of operations No operation
 Of autopsy _____

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? Cemt.
 (Specify type of place)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature P.O. Retter (D. or other) D
 Address Cape Girardeau Mo. Date signed 7-24-41

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

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

Signed

Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.