

BUREAU OF THE CENSUS  
FILED NOV 12 1941

Registration District No. **303**

Primary Registration District No. **4182**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Gasconade  
(b) City or town Bertram Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Workman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME FRANK MEYER

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 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 July 17 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NEAR WESTPHALIA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER { 12. Name FREDERICK MEYER  
13. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name DON'T KNOW  
15. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

18. (a) Informant MRS T.E. CROWDER  
(b) Address OWENSVILLE, Mo.

17. (a) BURIAL (b) Date thereof 10-17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W.F. Hattenstrater

(b) Address Owensville Mo.

19. (a) 10-17-41 (b) Anna K. Riehoff  
(Date received local registrar) (Registrar's signature)

277 (Licensed Embalmer's Statement on Reverse Side)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County GASCONADE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. BLAND ROUTE 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 15<sup>th</sup>  
year 1941 hour 9 minutes 15-20 A. M.

21. I hereby certify that I attended the deceased from Sept 23, 1941, to Oct 15, 1941; that I last saw him alive on Oct 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Ascending Paralysis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diarrhea  
(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 Howard Workman (M. D. or other) \_\_\_\_\_

Address Bertram Mo Date signed 10-16-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

B  
10

**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 Milford H. N. Hunter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.**