S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5759

State File No.

FILED MAR 19 1942

Registration District No.

Primary Registration District No. 205

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Savannah Tenn Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dr. Nichols Sanatorium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours (Specify whether
In this community 18 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Baca 999

(c) City or town Pritchett Colo. 3
(If outside city or town limits write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 62 years.

3. (a) PRINT FULL NAME John Metzger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alice Metzger

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unk (Month) Unk (Day) 1879 (Year)

8. AGE: Years 63 | Months Unk | Days Unk | If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Farm hand

11. Industry or business Farm

FATHER
12. Name George Metzger
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant George Metzger
(b) Address Pritchett, Colorado

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Pritchett, Colorado

18. (a) Signature of funeral director Frank A. Bowman
(b) Address Savannah, Mo

19. (a) 2-8-42 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from 2-7-, 1942, to 2-8-, 1942
that I last saw him alive on 2-8-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma left antrum	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 55d	

Major findings:
Of operations
Of autopsy none

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Willard G. Stearns (M. D. ~~or other~~)
Address Savannah Mo. Date signed 2-8-42

1072

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1942

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 2-8-42

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

Signed Wm. E. Zimmerfeld

Licensed Embalmer No. 3007

P. O. Address 319 S 010 St Joseph M

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.