No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7126

FILED MAR 16 1942

Registration District No. 4470

Primary Registration District No. 5633

Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community about 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Mt Vernon Mo 5
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Mrs Lizzie Meyer
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas Meyer
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Oct (Month) 10 (Day) 1865 (Year)

8. AGE: Years 76 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Washington Co. Ill. (City, town, or county) (State or foreign country)
10. Usual occupation at Home
11. Industry or business X
FATHER
12. Name Henry Bartelsmeyer
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Krueger
15. Birthplace Germany 11 (City, town, or county) (State or foreign country)
16. (a) Informant Louis Bartelsmeyer
(b) Address Mt Vernon Mo
17. (a) Maple Grove Cem (Burial, cremation, or removal) (b) Date thereof Feby 23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Cemetery
18. (a) Signature of funeral director Geo. B Orr
(b) Address Mt Vernon Mo
19. (a) Mar 16 1942 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 21st year 1942 hour 2:30 minute R M.

21. I hereby certify that I attended the deceased from 8/1 1940 to 2/20 1942 that I last saw her alive on 2/20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Colonic hemorrhage
Due to Hypertension
Ca of colon 3
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Kenneth Glover (M. D. or other)
Address Mt Vernon, Mo Date signed 2/23/42

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-349
Date Filed MAR 12 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed George B. Ar

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ta

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

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