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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10622

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 62

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 6 Wks. (Specify whether years, months or days) In this community 6 Wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Osage 076

(c) City or town: Linn, Mo. (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Helen Voss 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: Married

6. (b) Name of husband or wife: Edw. H. Meyer

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: May (Month) 21 (Day) 1942 (Year)

8. AGE: Years 30 Months 8 Days 11 If less than one day hr. min.

9. Birthplace: Bonnots Mill, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: M. H. Voss
13. Birthplace: Loose Creek, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Nellie Hoster
15. Birthplace: Loose Creek, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Edw. H. Meyer

(b) Address: Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/4/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Bonnots Mill, Mo.

18. (a) Signature of funeral director: Morton Funeral Home

(b) Address: Linn, Mo.

19. (a) 3-2-42 (Date received local registrar) (b) Norma Richter (Registrar's signature) 4/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd, year 1942 hour 2 minute p.M.

21. I hereby certify that I attended the deceased from 12-7-42 to Mar 2 42 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Cholecystitis chr. 2. Atresia Common Bile (Scar) Duct. 3. Myocardial Insufficiency (post operative)

Due to

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: M. H. Rambo (M. D. or other)

Address: Date signed: 3-2-42

(Licensed Embalmer's Statement on Reverse Side)

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: Vernon Morto

Licensed Embalmer No. 4125

P. O. Address Linn M

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

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

No. 2B
-8-21-41
I X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10622

Registration District No. 213 Primary Registration District No. 3014 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(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 years, months or days)
In this community

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: Helen V. 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 years
7. Birth date of deceased: [redacted] (Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day
year 1942 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.

Immediate cause of death — Duration
Post Operative
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 7 61
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)
(b) 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

SUPPLEMENTARY

S-10622 1942