No. 2
9-4-1
5-18-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 18 1942

# STANDARD CERTIFICATE OF DEATH

State File No. 19260

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 51

**1. PLACE OF DEATH:**
(a) County: Vernon
(b) City or town: Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 11 days (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:** 108
(a) State: Mo (b) County: Jackson 0
(c) City or town: Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3027 Mattgall
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: ALBERT MEYER
3. (b) If veteran, name war: Unknown
3. (c) Social Security No. Unknown
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Josephine Meyer
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Aug (Month) 18th (Day) 1866 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 9 | 23 | hr. min. |

9. Birthplace: Quincy (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation: Bricklayer
11. Industry or business: ~~Conrad Meyer~~
FATHER
12. Name: Conrad Meyer
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Mary Gross
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: State Hospital Records
(b) Address: Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: Mrs. E. L. Foster
(b) Address: K C Mo
19. (a) June 10, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 10th year 1942 6 hour 0 minute P. M.
21. I hereby certify that I attended the deceased from April 30th, 1942, to June 10th, 1942, that I last saw him alive on June 10th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Psychosis

Due to:

Due to:

Other conditions: Arteriosclerotic H. D.
(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: 0
23. Signature: G. S. Warnock (M. D. or other)
Address: Nevada, Mo Date signed 6/10/42

1231

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1942

RECEIVED
District Health Officer No. 7
District File Number 6-42-673
Date Filed 6-17-42

**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 G. H. Price

Licensed Embalmer No. 25-40

P. O. Address K. C. Mo

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

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