

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

State File No. 19320

Registration District No. 1122

Primary Registration District No. 6226

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Route
(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 _____)

In this community 1923 years, months or days

3. (a) PRINT FULL NAME Chas. W. Meyer

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Eliza

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb 29 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>25</u>	hr. min.

9. Birthplace Allentown Penn (City, town, or county) (State or foreign country)

10. Usual occupation musician

MOTHER FATHER

11. Industry or business _____

12. Name Martin Meyer

13. Birthplace Penn (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Eliza Meyer

(b) Address Morwood Mo.

17. (a) Low Star Cemetery Date thereof 5/19/42
(Burial, or date of removal) (Month) (Day) (Year)

(c) Place: burial or cremation Low Star Cemetery

18. (a) Signature of funeral director Bouldin General Home
Morwood Mo.

(b) Address _____

19. (a) June 7-1942 (Date received local registrar)

(b) Mrs Charles Prama (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Morwood - Rural
(If outside city or town limit, write "RURAL")

(d) Street No. Four Miles South
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 17 1942 to May 16 1942
that I last saw him alive on May 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of the brain

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address Morwood, Mo. Date signed 5-18-42

RECEIVED

District Health Officer No. 6,

District File Number 642-858

Date Filed JUN 12 1942

NOV 12 1946

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Nowood, 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. 5-18 1942