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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

Registration District No. 292

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6410

21138

State File No.

Registrar's No. 67.

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town RURAL BOEUF Twp
(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 ALL

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FRANKLIN 36 0
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARTIN MEYER.
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 9 (Day) 1860 (Year)

8. AGE: Years 81 Months 9 Days 4 If less than one day hr. min.

9. Birthplace FRANKLIN Co. (City, town, or county) 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name GEO. MEYER
13. Birthplace FRANKLIN Co. (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name DONT KNOW
15. Birthplace " " (City, town, or county) 4 (State or foreign country)
16. (a) Informant Vincent Meyer
(b) Address New Haven Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 22 42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CATHOLIC CEM. NEW HAVEN
18. (a) Signature of funeral director L. C. FERTIG & SON
(b) Address NEW HAVEN, Mo
19. (a) June 21 - 1942 (Date received local registrar) (b) Edna Crayland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th. year 1942 hour 9 minute 10 P M.
21. I hereby certify that I attended the deceased from June 21, 1938, to June 19, 1942, that I last saw him alive on June 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	1 month
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? (Specify type of place)
While at work (e) Means of injury

23. Signature B. Eisenmann (M. D. or other) MD
Address New Haven, Mo. Date signed 6/21/42

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(Licensed Embalmer's Statement on Reverse Side)

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

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 Earl Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven Mi

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.