No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

24030

State File No.

Registration District No. 14-76-136 Primary Registration District No. 5194 Registrar's No. 136

**1. PLACE OF DEATH:**

(a) County CARROLL

(b) City or town NEAR DE WITT, MO.

(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 MISSOURI (b) County CHARITON 17

(c) City or town BRUNSWICK 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME DENZEL M. MEYER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY GLADYS MEYER

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased AUGUST (Month) 7TH. (Day) 1909 (Year)

8. AGE: Years 32 Months 11 Days 2 If less than one day hr. min.

9. Birthplace BRUNSWICK (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMWORK

FATHER

12. Name FRANK E. MEYER

13. Birthplace BRUNSWICK (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER

14. Maiden name ELSIE PILATZ

15. Birthplace BRUNSWICK (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant FRANK E. MEYER

(b) Address BRUNSWICK, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-12-1942 (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK, MISSOURI

18. (a) Signature of funeral director L. W. Meisel

(b) Address BRUNSWICK, MO.

19. (a) 7-12-1942 (Date received local registrar) (b) Hester Fisher (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month day year hour Coroner Call 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 Immediate death by electrocution from lightning, on Harry Miller's

Due to farm, DeWitt, Mo.

Duration

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) Accidental 017

(b) Date of occurrence July 8, 1942

(c) Where did injury occur? DeWitt (City or town) Carroll (County) Mo. (State)

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

While at work? yes (Specify type of place) (e) Means of injury lightning

23. Signature Everett C. Smith, D.D. Coroner

Address Tina, Mo. Date signed 7/8/42

861

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-8-42

AUG 11 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 L W Beard

Licensed Embalmer No. 823

P. O. Address Brunswick Me

**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.**

. S. No. 2B
UM—8-21-41
1 X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24030

Registration District No. 136 Primary Registration District No. 5194 Registrar's No. 136

**1. PLACE OF DEATH:**
(a) County: Carroll
(b) City or town: Rural
(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: Denzel M. Meyer
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Mary Gladys
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: Aug (Month) 7 (Day) 1908 (Year)

8. AGE: Years 32 Months 11 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace: (City, town, or county) Mo (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 July Day 8 year 1942 hour ..... minute 6:30 P. 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.

| | Duration |
|---|---|
| Immediate cause of death | |
| 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 Ernest L. Smith Coroner (M. D. or other)
Address Trenton, Mo Date signed 9/9/42

SUPPLEMENTARY