

File No. 11 1942
378

Primary Registration District No. 6286

Registrar's No. 32

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mtn. Grove (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11000 2nd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Mtn. Grove (Rural)
(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 Frederick E. Meyer

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Aug 17 1942 to Aug 18 1942
that I last saw him alive on August 17 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Elvira Meyer

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug 7 1885
(Month) (Day) (Year)

Immediate cause of death Acute Endocarditis

Duration _____

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

57 2 28 hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 918

9. Birthplace Craig Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman

MOTHER FATHER

11. Industry or business _____

12. Name George

13. Birthplace Oregon, 2nd. 0
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Griffith

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret Meyer

(b) Address Mtn. Grove, Mo.

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? _____

17. (a) Reburial (b) Date thereof Aug. 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hellmont Cemetery Mtn. Grove, Mo.

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Frances Bonch

(b) Address Auto. 3000

19. (a) 9/3/42 (b) Gaby Perry
(Date received local registrar) (Registrar's signature)

23. Signature Gaby Perry (M. D. or other) _____

Address Mtn. Grove, Mo. Date signed _____

RECEIVED

District Health Officer No. 6

District File Number 942-1333

Date Filed SEP 9 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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.