

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
432 S Caldwell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 38 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 432 S Caldwell  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT ADOLPHUS MEYN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, married  
(b) Name of husband or wife Ida Mae Meyn 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Jan. 20 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rochester New York  
(City, town, or county) (State or foreign country)

10. Usual occupation (Retired) Linn

11. Industry or business \_\_\_\_\_

12. Name Carl Meyn  
13. Birthplace Linn Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida M. Meyn

(b) Address Brookfield

17. (a) Burial (b) Date thereof Oct-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 10-29-1942 (Date received local registrar) W W Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 13 1942 to Oct 27 1942  
that I last saw him alive on 7th October 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Aneurysm 10 min

Due to: Sudden Myocardial Degeneration 5 Yr

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: No operation  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Roy P. Haley (M. D. or other) M.D.  
Address Brookfield Mo Date signed 10/25/42

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

58  
2

58  
2

**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.....

*J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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, fact should be so stated above.