

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

41205

FILED JAN - 6 1944
Registration District No. _____

Primary Registration District No. 3088 561 Registrar's No. 145

1. PLACE OF DEATH:
 58 County LINN
 (b) City or town YELLOW CREEK TWP - RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 MI. N. of ST. CATHERINE 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 6 M.O.S. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County LINN 56
 (c) City or town BROOKFIELD 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 420 E. PARK ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ 0 years.

3. (a) PRINT FULL NAME EDWARD H. MEYER
 3. (b) If veteran, name war NONE 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 NOV. 2, 1862
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC day 30
 year 1942 hour 3 minute 00 A. M.
 21. I hereby certify that I attended the deceased from TRAY
15, 1940 to DEC 30, 1942
 that I last saw him alive on 12-15, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 1 28 hr. min.
 9. Birthplace BOSTON, NEW YORK 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMER - RETIRED

Immediate cause of death Cerebral Hemorrhage (hys) Duration
 Due to Hypertension 10yrs
Advanced atherosclerosis
and chronic inter-nephritis
 Other conditions _____
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name HENRY MEYER
 13. Birthplace ALSACE - FRANCE 5
 (City, town, or county) (State or foreign country)
 14. Maiden name ANNA MARY
 15. Birthplace WURTENBURG GERMANY
 (City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Etta Pankay
 (b) Address ST. CATHERINE, MO.
 17. (a) BURIAL (b) Date thereof Jan 7, 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LINHART CEM.
 18. (a) Signature of funeral director Rusk Funeral Home
 (b) Address BROOKFIELD, MO.
 19. (a) 12-31-1942 (b) W. H. Orman
 (Date received local registrar) (Registrar's signature)

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) (d) Means of injury _____
 23. Signature G. G. Wood (M. D. or other)
 Address Brookfield Date signed 1/3/4

PHYSICIAN

 Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 5-11-39 1 X18511

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.....

H. Be Wright

Licensed Embalmer No. *3718*

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, above space should be left blank.