S. ...
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41490

Registration District No. 42 2 00 Primary Registration District No. 58-51 4.941 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Argyle, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pat Home
(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 60 yrs.

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County Osage
(c) City or town Argyle, MO
(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 0

3. (a) PRINT FULL NAME Bartel Meyer
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Margarete Wulff
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 7 (Day) 1880 (Year)

8. AGE: Years 60 Months 2 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Mercer County (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Maker
11. Industry or business Sell
MOTHER FATHER
12. Name Adam Meyer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Hammel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Geo Georg Meyer
(b) Address Argyle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lyle Norton
18. (a) Signature of funeral director [signature]
(b) Address .....
19. (a) Jan 14 43 (Date received local registrar) (b) Antonia Klabba (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1943 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from May, 1942 to Jan 9, 1943 that I last saw him/~~her~~ alive on Jan 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
CHRONIC INTERSTITIAL NEPHRITIS — 2 YRS.?
Due to 1 4 61
Due to .....
Other conditions CIRRHOSIS of LIVER
(Include pregnancy within 3 months of death)
Major findings: Of operations None done
Of autopsy None done

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 W. H. Moore (M. D. or other) DO
Address Argyle Mo. Date signed 1-11-43

1284 (Licensed Embalmer's Statement on Reverse Side)

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lenin, 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.

. S. No. 2B
0M—8-21-41
I 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. 41490

Registration District No. 260 Primary Registration District No. 4391 Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Osage

(b) City or town: argyle
(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: Bartel 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: Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased: Nov (Month) 7 (Day) (Year)

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace: Maries Co. Mo (City, town, or county) (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) Jan-11-43 (Date received local registrar) (b) Antonia Klebba (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY