

FILED JAN 25 1945

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1630

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 42  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1000  
 (c) City St Joseph (d) Street No. 312 North 20th St St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Elizabeth Meyer

(a) Residence, No. Holt County St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>Widow</u> (OR) WIFE OF <u>Charles E. Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1 1870</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1942</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Holt County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Robert Patterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Telitha Kinder</u>	
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Wm P. Meyer</u> (ADDRESS) <u>St. Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oregon, Mo</u> DATE <u>Jan 5</u> 19 <u>45</u>		
19. FUNERAL DIRECTOR <u>Terhune &amp; Clark</u> (ADDRESS) <u>Savannah, Mo</u>		
20. FILED <u>Jan 5</u> 19 <u>45</u> <u>Rose Herzog</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4th 1945

22. I HEREBY CERTIFY, That I attended deceased from October 15 1942 to Jan 4 1945  
 I last saw her alive on Jan 4 1945 Death is said to have occurred on the date stated above, at 8:10 PM  
 The principal cause of death and related causes of importance were as follows:  
Heart failure  
 Other contributory causes of importance: 95c4  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. A. Colvine M. D.  
 (Address) St Joseph, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Lou Clark, Licensed Embalmer No. 4216

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Self

L. E.

No. .... or by .....  
working under my personal supervision.

Registered Apprentice No.

Signed

Lou Clark

Licensed Embalmer No. 4216

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.)