

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9506**

Registration District No. **31**

Primary Registration District No. **5108**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Benton**

(b) City or town **Rural Williams Twp.**  
(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  
In this community years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6 mi. west of Stover**  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) **0**  
If yes, name country

3. (a) PRINT FULL NAME **John Meyer**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20** th.  
year **1943** hour **3** minute **15** P.M.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Emma Meyer**

6. (c) Age of husband or wife if **1974** alive **57** years

7. Birth date of deceased **April 29, 1943**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 10** 19**42** to **Feb 20** 19**43**  
that I last saw him alive on **Feb 19** 19**43**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>9</b>	<b>21</b>	hr. min.

Immediate cause of death

**Choron Myocarditis**  
**Choron Myo nephritis**

Due to

Other conditions (include pregnancy within 3 months of death)

9. Birthplace **Benton Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Ties Meyer**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Balke**

15. Birthplace **Benton Co. Mo.**  
(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. John Meyer**

(b) Address **Cloe Camp Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb. 23, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Boeschenville Cem.**

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?

18. (a) Signature of funeral director **Papp & Stevenson**  
(b) Address **Stover Mo.**

19. (a) **FEB 23 1943** (Date received local registrar)

(b) **SHE SELBYER** (Registrar's signature)

23. Signature **J. H. ...** (M. D. or other)

Address **Stover Mo.** Date signed **2/23/43**

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

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RECEIVED

District Health Officer No. 7,

District File Number 2-43-106

Date Filed 3-10-43

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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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.**