

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia - Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sedalia Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Fred Meyers

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Annie Young

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

7. Birth date of deceased August 18 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 28 hr. min.

9. Birthplace Pettis County
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Unknown

12. Name Unknown
13. Birthplace Unknown
(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 J. C. Paul Meyers
(b) Address Sedalia Route 2

17. (a) burial (b) Date thereof April 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 4/17/43 Mrs. Anna Berger
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sedalia Route 1
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
year 43 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 3/24 1943 to 4-15 1943
that I last saw him alive on April 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Direct cause of death Chr. Endocarditis

Due to.....

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
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?

23. Signature W. Boger M.D.
Address Sedalia Mo. Date signed 4/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

80
0
0

FILED MAY 20 1943

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-19-43.....

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.....

Robert H Reed

..... Licensed Embalmer No.....

3745

..... P. O. Address.....

Sedalia 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.