

FILED JUL 9 1943
Registration District No. 53

Primary Registration District No. 5185

Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Ward
(c) Name of hospital or institution:
At Home - Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 90 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE MEYER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widowed

6. (b) Name of husband or wife Caroline (deceased) 6. (c) Age of husband or wife if alive. 82 years

7. Birth date of deceased. Jan 20 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 25 _____ hr. _____ min.

9. Birthplace. Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer (Retired)

11. Industry or business _____

12. Name Henry Meyer

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

14. Maiden name Caroline Zwinger

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

16. (a) Informant Julius Meyer

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Hanover Cemetery

18. (a) Signature of funeral director J. Powell

(b) Address Cape Girardeau Mo

19. (a) 6-23-43 (Date received local registrar) (b) J. F. A. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 2;15 minute a M.

21. I hereby certify that I attended the deceased from May 1939 to June 14 1943
that I last saw him alive on June 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Duration _____

Due to _____

Due to _____

Other conditions _____
(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 _____

(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 5

23. Signature A. M. Murphy (M. D. or other) _____

Address Cape Girardeau Mo Date signed 6-21-43

RECEIVED

District Health Officer No. 4
District File Number 243-2418
Date Filed 7-2-43

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.....

W.H. Estes

Licensed Embalmer No. 3568

P. O. Address *Cap. [unclear]*

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.