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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

21281

State File No.

Registration District No. 115

Primary Registration District No. 5433

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin Rural

(b) City or town Beaufort Missouri
(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 Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36

(a) State Missouri (b) County Franklin

(c) City or town Beaufort Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Union Township.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Edward F. 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 M.

6. (b) Name of ~~husband or~~ wife CLARA MEYER

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

7. Birth date of deceased APRIL (Month) 29 (Day) 1880 (Year)

8. AGE: Years 63. Months 1 Days 15. If less than one day hr. min.

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

10. Usual occupation CARPENTER.

11. Industry or business

FATHER
12. Name Wm MEYER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name LOUISA KRENNING.
15. Birthplace St. LOUIS. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Clara Meyer
(b) Address Beaufort Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 16 (Day) 1943 (Year)
(c) Place: burial or cremation Beaufort Mo.

18. (a) Signature of funeral director E. H. Temme
(b) Address Beaufort Mo

19. (a) 6-15-43 (Date received local registrar) (b) Leonard A. Rugen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 10:00 minute A.M.

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

Immediate cause of death Fractured Skull when he fell off a Clay Loading Scuffle on which tracks Backs on to Unload Apparently he slipped

Due to

Due to

Other conditions As marks were on box car where he tried

(Include pregnancy within 3 months of death)

Major findings:
Of operations to catch himself
Fell about 12 feet

Of autopsy

Duration

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) Accident 36
(b) Date of occurrence June 14 1943
(c) Where did injury occur? Beaufort Franklin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Railroad Property (Specify type of place)
While at work? No (e) Means of injury Fractured Skull

23. Signature Ernst L. Oltmann Coroner
Address Gerald Mo 2 Date signed 6-14-43

1119

(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 E. H. Jemme, Registered Apprentice No. 8, working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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, above space should be left blank.