

FILED AUG 9 1943

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 day hospital (Specify whether
In this community 69 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Cresighton Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 69 years years.

3. (a) PRINT FULL NAME Henry Fred Meyer

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

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

6. (b) Name of husband or wife Robetta Meyer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December 28 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 25 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name C. Henry Meyer

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

14. Maiden name Unknown

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

16. (a) Informant J. T. Meyer

(b) Address Cresighton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Wichita Cemetery

18. (a) Signature of funeral director Robert Arnold

(b) Address Cresighton Mo

19. (a) July 20 1943 (Date received from registrar) W. J. Breen (Registrar's signature) Georgia (City)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from April 6, 1943, to July 13, 1943
that I last saw him alive on July 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 da.
Due to _____

Other conditions Hypertension 3-4 years
(include pregnancy within 3 months of death)

Major findings: 8301
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? _____

28. Signature Dr. R. S. Hallingma M. D. (Specify type of place) (e) Means of injury Stroke
Address Clinton Mo Date signed 7/19/43

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 7-43-794
Date Filed 8-6-43

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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 Hobert Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton 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.