

FILED SEP 10 1943

State File No.

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 234

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 1, Fulton, Mo. 2
 (If not in hospital or institution, write street, number or location)
 (d) Length of stay: In hospital or institution about 2 yrs.
 (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cass
 (c) City or town Pilot Grove - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural route
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

In this community Since
 years, months or days
 3. (a) PRINT FULL NAME John Stephens Meyer
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 14,
 year 1943 hour 12:15 minute P. M.
 21. I hereby certify that I attended the deceased from September 16,
 1941, to August 14, 1943;
 that I last saw him alive on August 14, 1943;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if
 alive years
 7. Birth date of deceased May 11, 1883
 (Month) (Day) (Year)

Immediate cause of death General Paralysis of the Brain Duration 2 years +

8. AGE: Years Months Days If less than one day
60 3 3 hr. min.

Due to
 Due to 30 f
 Other conditions Chronic Myocarditis, Arteriosclerosis?
 (Include pregnancy within 3 months of death)

9. Birthplace Cass County, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Railroad Shop Carpenter

Major findings: Of operations no operation
 Of autopsy none
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
 12. Name Herman Meyer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Vandekerk
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 1
 (b) Address Fulton, Mo.
 17. (a) Salina, Mo. - Burial (b) Date thereof Aug. 14, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Salina, Mo.
 18. (a) Signature of funeral director Erving Thomas Name
 (b) Address Salina, Mo.
 19. (a) 8-14-1943 (b) Josie Morawickoff
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature Geo. W. Powers (M.D. or other) M.D.
 Address Fulton, Mo. 64508 Date signed 8/14/43

SEP 13 1943

OCT 1 1943

DEC 17 1943

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 John E. Myers
Licensed Embalmer No. 3270
P. O. Address Adaha, 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.