

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28923

State File No. \_\_\_\_\_

FILED SEP 19 1943 357

Registration District No. \_\_\_\_\_

Primary Registration District No. 3048

Registrar's No. 134

74  
1  
2

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Marionville  
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2 days  
(Specify whether years, months or days) Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Marionville  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 1 mi S.E.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or Grace W

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

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

7. Birth date of deceased Jan 28 1881  
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saint Anthony Indian  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry B. Meyer

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

14. Maiden name Christina Bencken

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

16. (a) Informant Joe Meyer

(b) Address Conception, Missouri

17. (a) Burial (b) Date thereof 8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 95-1 S. Main Marionville

19. (a) 8-25-43 (b) Ray Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14  
year 43 hour 5 minute am

21. I hereby certify that I attended the deceased from May 1938  
\_\_\_\_\_ 19\_\_\_\_ to 8-14 1943  
that I last saw him alive on 8-13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5 days  
Arteriosclerosis  
Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a!

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

23. Signature Ray Barber (M. Doctor)  
Address Marionville Date signed 8-15-43

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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.....  
*W. H. Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marquette, 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.**