

FILED JAN 7 1944

Registration District No. 194

Primary Registration District No. 3035

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington
(c) Name of hospital or institution: 1609 Bloom
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 yrs
In this community 60 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 1609 Bloom
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES F. MEYER

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Ma 5. Color or Race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Winnis L. Lee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 18 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Rev. John C. Meyer
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Blomberg
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mildred Meyer

(b) Address Luxington, Mo

17. (a) Burial (b) Date thereof 12-24-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, Mo

18. (a) Signature of funeral director Winkler

(b) Address Luxington, Mo

19. (a) Jan - 4 - 44 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1943 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 22 1943 to Dec 22 1943
that I last saw him alive on Dec 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion of heart arteries

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gpa

Major findings: Of operations _____

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) _____

(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) Means of injury _____

23. Signature J. C. Cape (M. D. or other) _____

Address Luxington Mo Date signed Jan 4, 1944

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

copy

RECEIVED

District Health Officer No. 87

District File Number

Date Filed

1-6-44

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

L. A. Myer

Licensed Embalmer No.

2983

P. O. Address

Lexington, Va

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.