No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43169

FILED DEC 23 1943

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 44

1. PLACE OF DEATH:

(a) County ~~DUNKLIN~~ New Madrid

(b) City or town ~~1 MILE NORTH CLARKTON~~ Gideon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stephens Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 43 years
years, months or days) Robert Brown Meentemeyer

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

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

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

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT B. MEENTEMEYER

3. (b) If veteran, name war WORLD I

3. (c) Social Security No. 494-09-0817

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife INA MEENTEMEYER

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JANUARY (Month) 12 (Day) 1896 (Year)

8. AGE: Years 47 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation MANAGER GIDEON ANDERSON

11. Industry or business ABOVE

FATHER
12. Name CHARLIE MEENTEMEYER
13. Birthplace MINDEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ADDIE BROWN
15. Birthplace Ashley (City, town, or county) Illinois (State or foreign country)

16. (a) Informant MRS. L. B. HOY
(b) Address GIDEON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation SIKESTON, MO.

18. (a) Signature of funeral director CRAIG FUNERAL HOME
(b) Address MALDEN, MO.

19. (a) Dec. 11-43 (Date received local registrar) (b) Zenda Macom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1943 hour 6 PM minute 10 A.M.

21. I hereby certify that I attended the deceased from 12/8/43, 19, to 12/8, 1943; that I last saw him alive on 12/8/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull Internal Hemmorrhage — Duration 1 hr

Due to Automobile Accident

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations —
Of autopsy —

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

(b) Date of occurrence 12/8/43 at 5 PM

(c) Where did injury occur? On highway 75 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Gideon Mo Date signed 12/10/43

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(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1945

JAN 18 1944

DEC 22 1949

APR 19 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.