S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3880

Registration District No. 273 Primary Registration District No. 5920 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Longtown Mo. Union Tw
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 73-9-5
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County perry

(c) City or town Longtown Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Agnes Meyer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis A. Meyer

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

7. Birth date of deceased April (Month) 18 (Day) 1865 (Year)

8. AGE: Years 73 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Vencent Leible
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Helen Real
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Barney Meyer
(b) Address Longtown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Applecreek Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo

19. (a) 1-24-44 (Date received local registrar) (b) Thos. Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1944 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from Feb. 1 1942
Jan. 23, 1944 to , 19 ;
that I last saw her alive on Jan. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to Gall bladder obstraction

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature O J Mellill (M. D. or other)
Address Perryville, Mo Date signed 1/24/44

(Licensed Embalmer's Statement on Reverse Side)

1326

RECEIVED
District Health Officer No. 4
District File Number 244-3428
Date Filed 2-10-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.