

FILED APR 13 1944 74

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **97**

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
418 East 27th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis **80**

(c) City or town Sedalia **6**
(If outside city or town limits, write "RURAL")

(d) Street No. 418 East 27th **4**
(If rural, give location)

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

3. (a) PRINT FULL NAME Lyoniel Jake Meyers

3. (b) If veteran, name war none 3. (c) Social Security No. none

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: December 3, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace: Sedalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Raymond Meyers

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

14. Maiden name Paarl G. Phillips

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

16. (a) Informant Raymond Meyers, (father)
(b) Address 418 East-27th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman Cemetery

18. (a) Signature of funeral director Caring Funeral Home
(b) Address Sedalia, Mo.

19. (a) 3/16/44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

Mar ch 14

20. DATE OF DEATH: Month _____ day _____
year 1944 hour 5:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from on march 14, 1944 to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death From history
Evidently pneumonia,
(Bronchitis was not
seen by a physician
prior to death
Due to _____

Duration

Other conditions: _____
(Include pregnancy within 3 months of death)

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) _____
(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 3 c

23. Signature Dr J Beshof (M. D. or other)
Address Sedalia Mo Date signed 3-16-44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-12-48

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 Diane Ewing

Licensed Embalmer No. 38417

P. O. Address 1011 1/2 St. N. W.

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.