

FILED APR 28 1944
Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 299

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1330 E. Walnut
(If not in hospital or institution, write street number or location)

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

In this community 19 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1330 E. Walnut
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gustavus A. Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased January 22, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Abilene, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER { 12. Name unk.

{ 13. Birthplace unk. unk. g
(City, town, or county) (State or foreign country)

{ 14. Maiden name unk.

{ 15. Birthplace unk. unk. g
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. C. Bertram Meyer

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-3-44 (b) W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1944 hour 12 minute 30 p. a. m.

21. I hereby certify that I attended the deceased from 3-27 1944 to 4-2 1944
that I last saw him alive on 4-1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis 3-27-
Coronary occlusion
arterial sclerosis

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations: gfa

Of autopsy: _____

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) (e) Means of injury _____

23. Signature E B Hanan (M. D. or other) _____
Address 600 West 10th, Springfield Date signed 4-2-44

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Paul L. Foreman

Licensed Embalmer No..... *245*

P. O. Address..... *Myrtle*

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.

JUL 7 1945