

FILED JUL 7 1944

Registration District No. 82

Primary Registration District No. 444-3017

State File No.

Registrar's No. 81-

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 0 53 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th 1944
year 1944 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4-19-1944 to 6-19-1944
that I last saw him alive on 6-16-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 29 hrs
Due to Senile Dementia 3 yrs

Other conditions Chronic Myocarditis 2 Mo
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature g. Bely (M. D. or other) _____
Address Pilot Grove Date signed 6-20-44

3. (a) PRINT FULL NAME MICHAEL MEYER

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Meyer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June-13-1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name Adam Meyer

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hultner

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant F. D. Meyer

(b) Address Pilot Grove Mo

17. (a) Burial (b) Date thereof June 21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem.

18. (a) Signature of funeral director W. J. ...

(b) Address Pilot Grove Mo

19. (a) June-20-44 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

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

District File Number
Date Filed 7-6-47

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 Myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Rayton C. Hays
Licensed Embalmer No. 3074
P. O. Address Pilot Grove, Wis.

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.