V. S. No. 2
50M—5-42
Rev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21570

Primary Registration District No. 2000

Registrar's No. 467

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: 803 S. Delaware
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 10 years
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.: 803 S. Delaware
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME: Henry Ned Meyer
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Ruth Meyer
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: November (Month) 9, (Day) 1884 (Year)

8. AGE: Years 59 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace: Burlington, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: (Army) General Hospital
FATHER
12. Name: Marcus Meyer
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unk. (State or foreign country)
16. (a) Informant: Mrs. Ruth Meyer
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June (Month) 4, (Day) 1944 (Year)
(c) Place: burial or cremation: Maple Park Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 6-3-44 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, year 1944 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from Janunary 15, 1944 to June 1, 1944 that I last saw him alive on June 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	Mos.
Due to: Nephrosis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

13a

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
23. Signature [illegible] M.D. or other
Address Spfd., Mo. Date signed 6-3-44

984

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1944

NOV 1 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 Lewis G Scharff

Licensed Embalmer No. 3802

P. O. Address Springfield 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.