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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24615

FILED JUL 21 1944

Registration District No. 1/2

Primary Registration District No. ~~3020~~ 5434

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural - St. Johns (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington R.F.D. #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. 1 (Specify whether

In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 316 State St. (If rural, give location)

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

If yes, name country ✓ ✓ 0

3. (a) PRINT FULL NAME Nicholas Meyer

3. (b) If veteran, name war none

3. (c) Social Security No. 492-10-9925

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Meyer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. (Month) 12 (Day) 1903 (Year)

8. AGE: Years 41 Months 3 Days 21 If less than one day ___ hr. ___ min.

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

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

FATHER
12. Name John D. Meyer
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Haselhorst
15. Birthplace Meppen (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ruth J. Meyer

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vett Inc.

(b) Address Washington, Missouri

19. (a) 6/5/44 (Date received local registrar) (b) Lucille Kuttler Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1944 hour between 3 P.M. & 6 P.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Due to Strychnine Poisoning apparently

Due to Self administered

Due to

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.

163E

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 3, 1944

(c) Where did injury occur? Washington (City or town) Franklin (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? — (e) Means of injury Poisoning

23. Signature Ernst L. Oltmann (M. D. or other) Coroner

Address Gerald, Mo. Date signed 6-4-44

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

OCT 27 1948

District File Number .....
Date Filed 7-20-44

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~~ .....
Lester H. Utt ; ~~Registered Apprentice No.~~ .....,
working under my personal supervision.

Signed Lester H. Utt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.**