

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34187

FILED NOV 10 1944

Registration District No. 175

Primary Registration District No. 5733

Registrar's No. \_\_\_\_\_

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

36  
00

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME George Henry Meyer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5  
year 1944 hour 10 minute 15 p. M.

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

21. I hereby certify that I attended the deceased from Dec 13, 1943, to 11-5, 1944  
that I last saw h/10 alive on 10-29-, 1944  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Amelie Meyer 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 31, 1885  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Apoplexy

Duration 10 min

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>-</u>	<u>5</u>	br. _____ min.

Due to Arteriosclerosis  
Cardiovascular disease 6 H.O.

Due to \_\_\_\_\_

9. Birthplace Port Hudson, Mo. (City, town, or county) (State or foreign country) 0

Other conditions (include pregnancy within 3 months of death) 930

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Henry A. Meyer

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

13. Birthplace Cedar Fork (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Joers

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Orlando Helling

(b) Address Union, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Union Funeral Home

(b) Address Union, Missouri

19. (a) 11/5/44 (Date received local registrar) (b) Conrad A. Reyer (Registrar's signature)

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 0

23. Signature B. A. Stukman (M. D. or other) H. D.

Address Union, Mo. Date signed 11-7-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

11-8-44

STATEMENT BY LICENSED EMBALMER

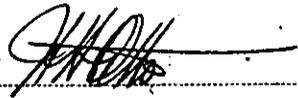
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....



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

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2464

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.