

FILED JAN 12 1945

Registration District No. **82**

Primary Registration District No. **4144 5811**

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

1. PLACE OF DEATH:

(a) County **Cooper**

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

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **5 1/2 - yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**

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

(d) Street No. **near Pilot Grove**
(If rural, give location)

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

If yes, name country **no**

3. (a) PRINT FULL NAME **JOHN-DANIEL MEYER**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **28** -
year **1944** hour **3** minute **F** M.

21. I hereby certify that I attended the deceased from **11-27-1944** to **11-28-1944**;
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 **Edna Meyer**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **July 20 1891**
(Month) (Day) (Year)

Immediate cause of death **myocardial infarct**

Duration **2 days**

Due to **gpd**

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **53** Months **4** Days **8** hr. min.

9. Birthplace **Pilot Grove Mo**
(City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry on business **Farmer**

12. Name **Louis Meyer**

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

14. Maiden name **Mary Martin**

15. Birthplace **Pilot Grove Mo**
(City, town or county) (State or foreign country)

16. (a) Informant **Edna Meyer**

(b) Address **Pilot Grove Mo**

17. (a) **Rural** (b) Date thereon **Dec 2-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Edna Meyer**

(b) Address **Pilot Grove Mo**

19. (a) **Dec 1-44** (b) **Dr. Ches. Surep.**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **g. o. Baley** (M. D. or other)

Address **Pilot Grove** Date signed **11-30-44**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-9-47

POST 11 MAR 7 1945

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 E. Hays

Licensed Embalmer No. 3074

P. O. Address Deloit Grove, 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.