

FILED JAN 9 1945
Registration District No. 139

Primary Registration District No. 4776

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Corning
(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) i

(d) Length of stay: In hospital or institution — (Specify whether) i
In this community 72 years (Specify whether) —
years, months or days)

3. (a) PRINT FULL NAME John Henry Christopher Meyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Meyer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 18, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry for business Great Western Railroad

12. Name Henry Meyer

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Otto Meyer

(b) Address Fairfax, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery - St. Joseph Mo.

18. (a) Signature of funeral director Walter L. Schuler

(b) Address Craig, Mo.

19. (a) Dec. 28 - 1944 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Corning (If outside city or town limits, write "RURAL") 3

(d) Street No. (If rural, give location)

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

If same country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 26 day —
year 1944 hour 4 Pm minute — M.

21. I hereby certify that I attended the deceased from Dec 1
1944 to Dec 26 1944

that I last saw him alive on Dec 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:

Acute Coronary Fibrillation
Due to Chronic Bronchitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy

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 DB Perry (M. D. or other) MD

Address Maumond City, Mo. Date signed 12-28-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

400

MOTHER WITHER

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 *Wilber L. Scholes*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Holt } SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 100

On this 12th day of January, 1945, before me appears Otto A. Meyer

who, upon his oath, states that the original record of ~~birth~~ death for John Henry Christopher Meyer, ^{died} ~~born~~ December 26th, 1944, in the State of Missouri, and which was filed at Mound City, Mo. on Dec. 28, 1944, should be corrected as follows:

Item No. 1 should read Henry C. Meyer

Instead of John Henry Christopher Meyer

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Otto A Meyer Son
Relationship.

Fairfax, Missouri
Present Address.

Subscribed and sworn to before me this 12th day of January, 1945.

My Commission expires December 7, 1946 Pauline Jaworski Notary Public.

My Commission Expires Dec. 7, 1946

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11/11/11

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I X38667

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