S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2446

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 337

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 700 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 21 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 700 South Main
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: ...

3. (a) PRINT FULL NAME: EDWARD CHARLES MEYER
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie Meyer
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: October (Month) 30 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	16	..... hr. ..... min.

9. Birthplace: Warren Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Bernard Meyer
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Caroline Forder Hast
15. Birthplace: Warren Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Minnie Meyer
(b) Address: 700 South Main, Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence, Missouri
19. (a) 12-18-44 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17th. year 1944 hour 5 minute 55P. M.
21. I hereby certify that I attended the deceased from Apr, 1944, to Dec 17, 1944 that I last saw him alive on Dec 15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia	6 mo
Due to: Repeated hemorrhages from Kidney	6 mo
Due to: Carcinoma of left Kidney	about 2 yrs
Other conditions (Include pregnancy within 3 months of death)	
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: J. E. Hickerson (M. D. or other)
Address: Indep. Mo. Date signed: Dec 18

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(Licensed Embalmer's Statement on Reverse Side)

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 George C Carson

Licensed Embalmer No. 2449

P. O. Address Independence 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.