

FILED FEB 14 1945

Registration District No. 176

Primary Registration District No. 4280

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Laurens
(b) City or town Statt City
(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 60 years
years, months or days)

3. (a) PRINT FULL NAME Emma Meyer

3. (b) If veteran, name war. 3. (d) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Meyer 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 11 1925
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Christ. Weise

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

14. Maiden name Charlotte Frederking

15. Birthplace Ill. Bermany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Meyer

(b) Address Statt City Mo.

17. (a) Burial (b) Date thereof Jan 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Ceme.

18. (a) Signature of funeral director H. D. Fossett

(b) Address mt. Vernon Mo.

19. (a) 1-20-45 (b) Anna Whemey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laurens
(c) City or town Statt 55
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1945 hour 9:00 minute PM M.

21. I hereby certify that I attended the deceased from Aug 5, 1944 to Jan 13, 1945
that I last saw her alive on Jan 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic Pneumonia Duration 5 days

Due to Carcinoma of the Liver
(+ Gall stones of about 30 year duration)
Due to metastasis from Carcinoma
of the left ovary.

Other conditions 49a
(Include pregnancy within 3 months of death)

Major findings: 9/29/44
Of operations lab Report Carcinoma of Ovary.
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? Means of injury 2
23. Signature Stanley Hayward (M. D. or other) DO
Address MT. Vernon Mo. Date signed 1/17/45

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

005

RECEIVED

District Health Officer No. 6,

District File Number 245-205

Date Filed FEB 13 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.....

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

working under my personal supervision.

Signed

Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon 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.