

FILED AUG 14 1945
Registration District No. _____

Primary Registration District No. **5029**

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

1. PLACE OF DEATH:
 (a) County **Atchison**
 (b) City or town **Rural Lincoln**
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **50 years**
 years, months or days)

3. (a) PRINT FULL NAME **Fred August Meyer**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Male** **5. Color or race** **Wh** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Lucille Meyer** **6. (c) Age of husband or wife if alive** **49** years
7: Birth date of deceased **May-3rd 1895**
 (Month) (Day) (Year)

8. AGE: Years **50** Months **2** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Fremont County- Iowa /**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER { **12. Name** **Charles H Meyer**
13. Birthplace **Germany** **II**
 (City, town, or county) (State or foreign country)
14. Maiden name **Winnie Meyer**
15. Birthplace **Germany** **II**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Meyer**
(b) Address **Westboro, Missouri**

17. (a) Removal **(b) Date thereof** **July-26-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Locust Grove Cemetery**
Near Northboro, Iowa

18. (a) Signature of funeral director **Westboro, Missouri**
(b) Address **Westboro, Missouri**

19. (a) July 25-45 **(b) [Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Atchison**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Near Westboro, Missouri**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
 year **1945** hour **8** minute **50 AM**
21. I hereby certify that I attended the deceased from **APR 6**, 19**45**, to **July 24**, 19**45**
 that I last saw him alive on **July 24**, 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **CANCER OF ASCENDING COLON**

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **462**
 Of autopsy _____

Duration _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Thos F Fay** (or other) _____
 Address **Westboro Mo** Date signed **7-25-45**

NOV 2 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.....

Scott Tucker

Registered Apprentice No.....

working under my personal supervision.

Scott Tucker

Signed

Scott Tucker

Licensed Embalmer No. **2824**

P. O. Address. **Westboro, Missouri**

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.