. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24650

Registration District No. 9/4 Primary Registration District No. 3052 Registrar's No. 179

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 710 W. 5TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County PETTIS
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 710 W 5TH
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANKLIN BENJAMIN MEYER
3. (b) If veteran, name war
3. (c) Social Security No. 491-07-5033
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUELLA DUNCAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) - 14 (Day) - 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
57	10	24	hr. min.

9. Birthplace SEDALIA (City, town, or county) Mo. (State or foreign country)
10. Usual occupation YARD FOREMAN
11. Industry or business STURGES LUMBER CO
FATHER
12. Name CHRISTIAN MEYER
13. Birthplace MIAHEN (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name ANN KRUSE
15. Birthplace MORGAN Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant MRS F. B. MEYER
(b) Address SEDALIA, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY
18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, Mo.
19. (a) 7/9/45 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1945 hour 2 minute 40 P. M.
21. I hereby certify that I attended the deceased from 12-22, 1943 to July 8, 1945 that I last saw him alive on 7/8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adeno-Carcinoma of Prostate gland	2 yrs.
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death) metastatic nodules in Spine & pelvic bones

Major findings:
Of operations
Of autopsy 5/12

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 W Boger (M.D. or Coroner)
Address Sedalia Mo Date signed 7/9/45

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(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1945

7/24/48

AUG 9 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 Geo. Dellard

Licensed Embalmer No. 3868

P. O. Address Sulphur

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.