

FILED AUG 9 1945 STANDARD CERTIFICATE OF DEATH

24651

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

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: 218 E 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years

3. (a) PRINT FULL NAME

John H Meyer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married married
7. Birth date of deceased March 13 - 1868 (Month) (Day) (Year)
8. AGE: Years 77 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Hans Meyer

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

14. Maiden name Margaret Reichert

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

16. (a) Informant Mrs Hans Meyer
(b) Address 218 E 6th St

17. (a) Burial (b) Date thereof 7-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director H. T. Neumann
(b) Address Smithton Missouri

19. (a) 7-24-45 (b) Mrs Anna Berger (Date received local registrar) (Registrar's signature)

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. 218 E 6th (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1942 to July 22 1945
that I last saw him alive on July 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis & Chr. Interstitial nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 131

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 J. W. Boger (M.D. or other)
Address Sedalia Mo Date signed 7/24/45

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

8-9-15

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

A. F. Remmeyer

Licensed Embalmer No.

3912

P. O. Address

Smithton 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.