. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1945

State File No. 34776

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 147

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town MARSHALL MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FITZGIBBONS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 12 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON 51

(c) City or town 7 MI SOUTH & WEST OF CONCORDIA, MO 0
(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) 1

If yes, name country

3. (a) PRINT FULL NAME SOPHIE MEYER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife OTTO C. MEYER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MAY (Month) 7 (Day) 1890 (Year)

8. AGE: Years 55 Months 5 Days 1 If less than one day hr. min.

9. Birthplace SWEET SPRINGS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN MEYER 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHARINE VIETS
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant OTTO C. MEYER

(b) Address CONCORDIA, MO

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof OCT 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation ST PAULS

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA, MO

19. (a) 10-10-45 (Date received local registrar) (b) Mrs T. Questbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1945 hour 5:45 minute a M.

21. I hereby certify that I attended the deceased from Sept. 27, 1945, to Oct. 8, 1945, that I last saw her alive on Oct. 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions Hyperthyroidism 940
(Include pregnancy within 3 months of death)

Chronic Cholecystitis

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] M.D. (M. D. or other)

Address Marshall, Mo Date signed 10-8-45

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 11-8-45

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 me

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

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.