S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5466

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob Arcadia Twp
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 47

(a) State Missouri (b) County Iron

(c) City or town Pilot Knob
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Joseph Meyer

3. (b) If veteran, name war: World War 1

3. (c) Social Security No. .....

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mattie Meyer

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 29 (Month) 1893 (Day) (Year)

8. AGE: Years 52 | Months 9 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation retired

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Mattie Meyer
(b) Address Pilot Knob Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address G. White Ironton Mo.

19. (a) Feb 10-46 (Date received local registrar) (b) Mrs Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 24, 1946 to Feb. 5, 1946
that I last saw him alive on Feb. 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Athenae

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93

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 [signature] (M. D. or other) 0

Address Ironton Mo. Date signed .....

128

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 346-1812

Date Filed 3-6-46

MAR 12 1946

MAR 8 1946

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Dunton Nev

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.