

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 65 Primary Registration District No. 4112

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Dalton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of his life years, months or days

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

3. (a) PRINT FULL NAME HENRY L MEYER
3. (b) If veteran, name war _____
3. (c) Social Security No. 493-22-4504

20. DATE OF DEATH: Month 6 day 24
year 1946 hour 7 minute 30 P.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 10 (Month) 25 (Day) 1881 (Year)

Immediate cause of death Caseworker Thrombosis Duration Instant
Due to _____
Due to _____

8. AGE: Years 64 Months 7 Days 29 If less than one day _____ hr. _____ min.
9. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 94V

10. Usual occupation Farmer
11. Industry or business _____
12. Name Henry Meyers
13. Birthplace Germany
14. Maiden name Christina Keller
15. Birthplace Germany

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 1

16. (a) Informant Edw Meyer
(b) Address Dalton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton Cemetery

23. Signature W.D. West (M. D. or _____)
Address Mendota Mo Date signed 7/24/46

18. (a) Signature of funeral director Jahn G. Cantlon
(b) Address Brunswick Mo
19. (a) June 29-46 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number 23

Date Filed 7-10-76

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Brunswick, 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.