

B. No. 2
A-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26416

State File No.

Registrar's No. 275

FILED SEP 10 1946

Registration District No. Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Paola, Miss. Mo.
(c) Name of hospital or institution: Long Lee Hospital
(d) Length of stay: In hospital or institution: 8 hours.
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: ✓
(b) County: ✓ 17
(c) City or town: ✓ 7
(d) Street No.: ✓ 3
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Herbert Herman Meyer Jr
(b) If veteran, name war:
(c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22 year 1946 hour 8 minute M.
21. I hereby certify that I attended the deceased from June 22 1946 to June 22 1946

4. Sex: m. 1
5. Color or race: W.
6. (a) Single, widowed, -married, divorced: ✓
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: 8 years

that I last saw him alive on June 22 1946 and that death occurred on the date and hour stated above.
Immediate cause of death: long
Duration: 19 46

7. Birth date of deceased: June 22 1946
8. AGE: Year 8 hr. 8 min.

Due to: ✓
Due to: ✓

9. Birthplace: Paola Miss Mo

Other conditions: ✓
(Include pregnancy within 3 months of death)

10. Usual occupation: ✓

Major findings: ✓
Of operations: ✓
Of autopsy: ✓

11. Industry or business: ✓
12. Name: Herbert Herman Meyer Jr
13. Birthplace: Knoble Ark. 1
14. Maiden name: Lucille Suedt
15. Birthplace: Knoble Ark. 1

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? ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

16. (a) Informant: Long Lee Hospital
(b) Address: Paola Miss Mo
17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 6-23-46
(c) Place: burial or cremation: Bond Cemetery - Knoble

(Specify type of place) While at work? ✓
(c) Means of injury: ✓

18. (a) Signature of funeral director: P.F. Selig Jr
(b) Address: P.F. Selig Jr
19. (a) Date received local registrar: 8/22/46
(b) Registrar's signature: [Signature]

23. Signature: J.W. M. Hunter (M. D. or other)
Address: Paola Miss Mo Date signed: 6/22/46

(Licensed Embalmer's Statement on Reverse Side)

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

25252

2
7
3

35

RECEIVED

District Health Office No. 2,

District File Number 946-1057

Date Filed 9-3-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.