

FILED AUG 18 1947

State File No.

Registration District No. 251

Primary Registration District No. 5752

Registrar's No. 170

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Ravenwood, Mo. "Rural" Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles Northwest.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Ravenwood "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles Northwest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME KENNETH EDWARD MEYER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ** * * * * 6. (c) Age of husband or wife if alive ** * * * * years

7. Birth date of deceased December 26, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 18 * * * * *
hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Joseph Andrew Meyer

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

14. Maiden name Katharine Lucile Nielson

15. Birthplace Conception Jct., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Andrew Meyer

(b) Address Ravenwood, Missouri

17. (a) Burial (b) Date thereof 8-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) 8-6-47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from not
attended 19 to 19 ;
that I last saw him alive on not seen 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death drowning
Duration Immediate

Due to.....
Due to.....
18 3
19

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) accident 74

(b) Date of occurrence Aug. 4th 1947

(c) Where did injury occur? Ravenwood Nodaway Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
on farm - water stock tank
While at work no (Specify type of place) (e) Means of injury drowning

23. Signature L E Deau - Coronets D. or other MD

Address Maryville MO Date signed 8-5-47

MAR 22 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. Price

Licensed Embalmer No. *4281*

P. O. Address.....

Maryville 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.