

FILED OCT 4 1947

Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 746

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Joseph Bernard 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 Widowed
(b) Name of husband or wife Magdalene Glendoff
(c) Age of husband or wife if alive 3 years
7. Birth date of deceased July 3 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day hr. min.

9. Birthplace William Mo. 7
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Henry Meyer

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

14. Maiden name Barbara Spreitzer

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Linus Meyer
(b) Address Glasgow, Mo.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof Aug 8 1947
(Month) (Day) (Year)
(c) Place: burial or cremation All Saints Episcopal Church

18. (a) Signature of funeral director Charles E. Bremont
(b) Address Glasgow, Mo.

19. (a) 9-10-47 (Date)
(b) (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Glasgow, Mo. 7
(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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1947 hour 3 minute 4 A.M.

21. I hereby certify that I attended the deceased from 30 Aug 47 to 6 Sept 47
that I last saw him alive on 6 Sept 47
and that death occurred on the date and hour registered above.

Immediate cause of death:
cerebral accident - type undetermined
Due to unknown but presumed to be arteriosclerosis
Duration 2 weeks
(? no.)

Due to old age
Other conditions (Include pregnancy within 3 months of death)

Major findings: none done
Of operations: none done
Of autopsy: none done

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

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

23. Signature Charles E. Bremont (M.D. or other) M.D.
Address 329 Main St., Boonville, Mo. 9-10-47
Date signed

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-3-47

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

E. W. Truitt

Licensed Embalmer No.

3978

P. O. Address

Glasgow, 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.