No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31574

State File No.

FILED SEP 24 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 201

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone-Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Golden City Rte 2 (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rte 2, Golden City
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME HENRY WILLIAM MEYER
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased July (Month) 13 (Day) 1861 (Year)

8. AGE: Years 86 Months 2 Days 4 If less than one day ... hr. ... min.

9. Birthplace Nashville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business ----
FATHER
12. Name unknown unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9
16. (a) Informant Mrs. Etrulia E. Davis
(b) Address Route 2, Golden City, Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Cimarron, Kansas
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.
19. (a) 9-19-47 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17
year 1947 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 13/47, 19..., to Sept 17, 1947
that I last saw him alive on Sept. 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Bronchial Pneumonia	14 hrs.
Due to Myocardial Failure	
Due to Arteriosclerosis Sclerosis.	
Other conditions Diabetes Mellitus. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy (6)

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

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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature Van Wells-Lee (M. D. or other) DO
Address Stone Memorial Hosp Carthage, Mo Date signed Sept 18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AN

47-9-~~1413~~
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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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.