

No. 2
1-5-43
5-17-39
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FILED OCT 21 1947

State File No.

Registration District No. 16

Primary Registration District No. 5328

Registrar's No.

1. PLACE OF DEATH:

(a) County CRAWFORD
(b) City or town LEASBURG "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD 28
(c) City or town LEASBURG "RURAL" (If outside city or town limits, write "RURAL")
(d) Street No. J 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN J. MEYER

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNIE 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased 11 - 30 - 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name LOUIS MEYER

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

14. Maiden name EMMA GEIGER

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Gennie Meyer

(b) Address Leasburg

17. (a) Buried (b) Date thereof 9-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasburg Cemetery

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

(b) Address Cuba, Missouri

19. (a) 9/12/47 (b) Paul A. Oberhelman
(Date received local residents) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 10
year 1947 hour / minute / M.
21. I hereby certify that I attended the deceased from Sept 10-47
1947 to Sept 10 1947
that I last saw him alive on Sept 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to /
Due to /

Other conditions /
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93
Of autopsy /

Duration

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) /
(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? no (Specify type of place) (e) Means of injury /

23. Signature W.F. Dupin (M. D. or other)
Address Leasburg Mo. Date signed 9-11-47

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

MOTHER FATHER

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.....

Heiman *Q Haener*, Registered Apprentice No. *445*
working under my personal supervision.

Signed.....

Albert E Long
Licensed Embalmer No. *3504*

P. O. Address..... *Carbondale 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.