S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38932

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 322 W. Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Palmyra 2
(If outside city or town limits, write "RURAL")
(d) Street No. 322 W. Lafayette 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Annie Christina Meyer
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William H. meyer
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 6 (Day) 1881 (Year)

8. AGE: Years 66 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Marion County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John Yungk
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carrie Gross
15. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant William H. Meyer
(b) Address Palmyra, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Lewis Brod
(b) Address Palmyra, Missouri
19. (a) 12-3-47 (Date received local registrar) (b) Viola Geer, Dep (Registrar's signature) 19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1947 hour 12:00 Noon minute M.
21. I hereby certify that I attended the deceased from August 20th, 1947, to Nov 29, 1947;
that I last saw her alive on Nov 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastatic to liver
Due to Primary in pelvis 3 or 4 year duration
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
55 E

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature D B Moss (M. D. or other)
Address Palmyra MO Date signed Dec 2 47

(Licensed Embalmer's Statement on Reverse Side)

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. 2382

P. O. Address Palmyra, 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.