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National Office of Vital Statistics

FILED FEB 13 1948

STANDARD CERTIFICATE OF DEATH

State File No. 543

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr4 mos., 8 days (Specify whether
In this community 1 yr.4 mos., 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3806 E. 36th St., 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME John E. Meyer, Jr. Nelle

3. (b) If veteran, name war World War I

3. (c) Social Security No. 491-14-7805

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nelle D. Meyer

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November (Month) 14 (Day) 1897 (Year)

8. AGE: Years 50 Months 2 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Cost clerk accountant

11. Industry or business —

FATHER
12. Name John Meyer, Sr.
13. Birthplace Antonio (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Pauline Castle
15. Birthplace Antonio (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Missouri
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan.19,1948 (Month) (Day) (Year)
(c) Place: ~~Burial or cremation~~ removal: Kansas City, Mo.

18. (a) Signature of funeral director D. W. NEWCOMER SONS FUNERAL HOME
(b) Address Kansas City, Mo.

19. (a) 1/19/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1948 hour 5:21 minute P. M.

21. I hereby certify that I attended the deceased from September 10, 1946 to January 18, 1948; that I last saw him alive on January 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, reinfection type, far advanced, active	Unknown
Due to	
Due to	
Other conditions: Empyema; Atelectasis, left lung; Stricture left main bronchus (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy No autopsy performed

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

23. Signature J. M. Leopard (M. D. or other) M.D.
Address J. M. LEOPARD Veterans Administration Hospital, Excelsior Springs, Missouri Date signed 1-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 2-11-48

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 Newcomer

Licensed Embalmer No. 1940

P. O. Address KC 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.