

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED FEB 13 1948

Registration District No. 82 Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elliot Jacob Meyer Jr

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

4. Sex male race White

5. Color or race _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 24 1948
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Elliot J. Meyer

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

14. Maiden name Paula M. Helman Meyer

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

16. (a) Informant Elliot J. Meyer

(b) Address Franklin Mo.

17. (a) Resoval (Burial, cremation, or removal) (b) Date thereof Jan 24 48
(Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo.

18. (a) Signature of funeral director E. S. Newman

(b) Address New Franklin Mo.

19. (a) 1-26-48 (Date received local registrar) (b) Ed Cooper (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard 45

(c) City or town Franklin Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1948 hour _____ minute 7 a M.

21. I hereby certify that I attended the deceased from 1/24 1948 to 1/24 1948 that I last saw him alive on 1/24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Partial premature separation of placenta

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

Major findings: _____

Of operations _____

Of autopsy no

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ronald H. Moigen (M. D. or other) MO.

Address Boonville Mo. Date signed 1-25-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically:

RECEIVED

District Health Officer No.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.