

Registration District No. 47

Primary Registration District No. 3509

Registrar's No. 52

1. PLACE OF DEATH: Callaway

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warrenton

(c) City or town Warrenton
(If outside city or town limits, write "RURAL")

(d) Street No. Unk
(If rural, give location)

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

3. (a) PRINT FULL NAME William MEYER

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1948 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11 Jan 1948, to 10 Feb 1948

4. Sex Male 5. Color or race White

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 JUNE 1869
(Month) (Day) (Year)

that I last saw him alive on 10 Feb 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo pneumonia

8. AGE: Years 78 Months 8 Days 10 If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

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

10. Usual occupation Retired Farmer

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name William Meyer

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

14. Maiden name Unk

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

Major findings: Of operations _____

Of autopsy 107

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital No. 2

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof 2-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo

18. (a) Signature of funeral director F. W. Highway & Co.

(b) Address Warrenton, Mo

19. (a) Feb 12 1948 (b) Joan Momin
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury 0

23. Signature G. S. Warrick (M. D. gsw)
Address Fulton, Mo Date signed 2 Feb 48

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

~~Date Filed~~ *2/13/48*
~~District File Number~~
District Health Officer No. 9,
RECEIVED

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 *Jaha E. Nerlinger*
Licensed Embalmer No. *4489*
P. O. Address *Warrenton, 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.