FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23834

Registration District No. 274 Primary Registration District No. 4405 Registrar's No. 224

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Green Ridge
(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 (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Green Ridge 8
(If outside city or town limits, write "RURAL") 0
(d) Street No. ****
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN JACOB CHARLES MEIER
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Anna Katherine Meier
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased January 27, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	0	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Agriculture
FATHER
12. Name Charles Jacob Meier //
13. Birthplace Raden, Germany /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Schmidt //
15. Birthplace Darnstadt, Germany /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Meier (wife)
(b) Address Green Ridge, Mo.
17. (a) Burial (b) Date thereof 7/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Oak Cemetery Windsor, Missouri
18. (a) Signature of funeral director Hanne Ewing
(b) Address Sedalia, Mo.
19. (a) 7-29-48 (b) Betty Yeager Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1948 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan 12, 1948, to July 27, 1948
that I last saw him alive on July 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardial disease	
Due to	
Due to	
Other conditions Chronic nepritis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

131B

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature H. A. Hite (M. D. ~~or other~~) M.D.
Address Green Ridge, Mo. Date signed 7/28/48

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

WRITE PLAINLY—USING UNFADING

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 8-6-48

Dr. Hite

Green Ridge

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 Warren K Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.