

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Balls' Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community 21 days
(Specify whether years, months or days)

3: (a) PRINT FULL NAME A. DOLPH H. MEYER

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Meyer 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov 10 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 25
If less than one day hr. min.

9. Birthplace Lanesburg Minn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Christopher Meyer

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

14. Maiden name Carlonia Blume

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

16. (a) Informant George C. Meyer

(b) Address Mobile Alabama

17. (a) Removal (b) Date thereof Sept 6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennebec, Wash.

18. (a) Signature of funeral director Vivian Hope

(b) Address Excelsior Springs Mo

19. (a) 9-6-48 (b) Carloline Butcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County King
(c) City or town Seattle 88 45
(If outside city or town limits, write "RURAL")
(d) Street No. 1236 S. 101 ST 2
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th
year 1948 hour 12 minute 2.5 PM.

21. I hereby certify that I attended the deceased from 8-14, 1948, to 9-5, 1948,
that I last saw him alive on 9-5, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration acute

Due to Coronary of liver found again
Due to ect.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 4/6 F.
Of operations
Of autopsy

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?

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

23. Signature W. H. Hargis (M. D. or other)
Address 240 E. Broadway Date signed 9-6-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 10-6-48

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs,

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.