. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32319

State File No.

FILED OCT 26 1948

Registration District No. 23

Primary Registration District No. 5249

Registrar's No. 83

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: Rural Bowling Green
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(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: Lillian Mae Meyer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Reuben Meyer
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: February (Month) 5 (Day) 1897 (Year)

8. AGE: Years 51 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: Robert Wm Goll
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Minnie Fleming
15. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: My Reuben Meyer
(b) Address: Dalton Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dalton Mo
18. (a) Signature of funeral director: John H. Meyer
(b) Address: Brunswick Mo
19. (a) 10-15-48 (Date received local registrar) (b) Mildred Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th year 1948 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from January 10, 1948, to Oct 12-48; that I last saw her alive on Oct 12-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral embolism	20 min
Due to: Bronchiogenic carcinoma	8 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 47c
Of autopsy:

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: Ralph Earhart DO (M. D. or other)
Address: Keytesville Mo Date signed 10-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-25-48

OCT 26 1948

NOV 5 1948

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, ~~on by~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed S. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Meridon 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.