S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1949

Registration District No. 89

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39617

Primary Registration District No. 4122

Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: Nixa
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian

(c) City or town: Nixa
(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: CLAUDE OMER MEYERS

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wht

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

6. (b) Name of husband or wife: Lillian Brown, Meyers

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: November (Month) 25 (Day) 1885 (Year)

8. AGE: Years 63 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Nixa (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

MOTHER FATHER

12. Name: William Meyers

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

14. Maiden name: Margaret Cannon

15. Birthplace: Dade County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lillian Meyers

(b) Address: Nixa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-'48 (Month) (Day) (Year)

(c) Place: burial or cremation: Nixa, Mo.

18. (a) Signature of funeral director: John Dean Harris

(b) Address: Clever, Mo.

19. (a) 12-29-48 (Date received local registrar) (b) Aline Dreier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 27 year: 1948 hour: 8 minute: 45 P.M.

21. I hereby certify that I attended the deceased from Aug 12, 1948, to Dec 27, 1948, that I last saw him alive on Dec 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver about	1 yr
Due to: Probably to use of liquor	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: L & B
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: 0

23. Signature: R. R. Farthing (M. D. ~~or other~~)

Address: Ozark Mo. Date signed 12-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1440
Date Filed 12-31-48

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.