

FILED FEB 7 1949

State File No. \_\_\_\_\_

Registration District No. 352Primary Registration District No. 44-713Registrar's No. B

## 1. PLACE OF DEATH

- (a) County Saline  
 (b) City or town Blackburn Mo.  
 (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)3. (a) PRINT FULL NAME John C. Meyer3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Male 5. Color or  
race White6. (b) Name of husband or wife  
Margaret Caroline Meyer7. Birth date of deceased May 7 1869  
(Month) (Day) (Year)8. AGE: Years 79 Months 7 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Lafayette Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Meyer13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Kathryn Viebrock15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Joe Blair  
(b) Address Blackburn Mo17. (a) Burial (b) Date thereof Jan 7 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Blackburn City Cem.18. (a) Signature of funeral director W. L. Meyerslager(b) Address Blackburn Mo19. (a) 1/13/49 (b) Dolly Andrew  
(Date received local registrar) (Registrar's signature) 292

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Saline 97  
 (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4  
year 1949 hour 11:45 minute \_\_\_\_\_ P.M.21. I hereby certify that I attended the deceased from 1937  
Jan 4 1949 to Jan 4 1949;  
that I last saw him alive on Jan 4 1949;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

acute pulmonary edema 3 daysDue to arrhythmia fibrillation 3 dayDue to SenilityOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations: \_\_\_\_\_

Of autopsy: 4331

Duration

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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Paul Lowell M.D. (M. D. or other)  
Address Walden Mo Date signed 1/6/49

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-4-49

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 Roy F. Wiegner

Licensed Embalmer No. 2883

P. O. Address Higginsville Md

**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.**