

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1949

State File No. 19118

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 3428 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Beaufort Mo.</i>	c. LENGTH OF STAY (in this place) <i>Life</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Beaufort Mo.</i> 30	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>302 J</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>H.</i> c. (Last) <i>Meyer</i>		4. DATE OF DEATH (Month) (Day) <i>1949 Feb - 21</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>1-12-1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>General Labor</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <i>66 1 9.</i>
11a. FATHER'S NAME <i>William H Meyer</i>		11b. MOTHER'S MAIDEN NAME <i>Louisa Kruming</i>	11. BIRTHPLACE (State or foreign country) <i>Beaufort Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		14. NAME OF HUSBAND OR WIFE	

13a. FATHER'S NAME <i>William H Meyer</i>	13b. MOTHER'S MAIDEN NAME <i>Louisa Kruming</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>491-26-3227</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Oscar H Meyer: Gerald Mo.</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral apoplexy</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(supp report)</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ADDITIONAL INFORMATION</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from *2-20*, 1949, to *2-21*, 1949, that I last saw the deceased alive on *2-21*, 1949 and that death occurred at *6* m., from the causes and on the date stated above.

23a. SIGNATURE <i>G. H. Matthews M.D.</i> (Degree or title)	23b. ADDRESS <i>Beaufort Mo.</i>	23c. DATE SIGNED <i>2-22-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 23 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St Pauls Evang Cent.</i>
24d. LOCATION (City, town, or county) (State) <i>Beaufort Mo.</i>		

DATE REC'D BY LOCAL REG. <i>2-22-49</i>	REGISTRAR'S SIGNATURE <i>G. H. Matthews</i>	FUNERAL DIRECTOR'S SIGNATURE <i>E. H. Temme</i>	ADDRESS <i>Beaufort Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

~~ORDER FOR NUMBER~~  
RECEIVED JUN 28 1949  
District Health Officer No. 9,

**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 \_\_\_\_\_

*E. H. Jenne*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *E. H. Jenne*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3076*

P. O. Address *Beaufort NC*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.