

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

- (a) County Buchanan
 - (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 - (c) Name of hospital or institution: Mexey Hospital
(If not in hospital or institution, write street number or location)
 - (d) Length of stay: In hospital or institution 2 weeks
(Specify, whether
- In this community in city of St. Joseph
years, months or days)

3. (a) PRINT FULL NAME LAIDIE MEYERS 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife MILTON CHARLES MEYERS 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 30 1887
(Month) (Day) (Year)

8. AGE: 53 years 3 Months 12 Days If less than one day _____ hr. _____ min.

9. Birthplace Atlanta Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Fredrick R. L. Crouch

13. Birthplace Wilmington Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Chaffer

15. Birthplace Mo. N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Meyers

(b) Address Clarksdale Mo.

17. (a) 8-14-40 (b) Date thereof Burial 10-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale Mo.

18. (a) Signature of funeral director W. J. Brown

(b) Address Clarksdale Mo.

19. (a) 8/13/40 (b) H. J. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County DEKALB.
- (c) City or town CLARKSDALE
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 24 1940 to Aug 13 1940

that I last saw him alive on Aug. 13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 3 days

Due to Acute nephritis 20 days

Due to Chronic Interstitial Unknown nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

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? ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature D. W. Neff (M. D. or other D.O.)
Address 813 Forum St. Joseph Mo Date signed 8-13-40

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

11
5
7

Handwritten notes and signatures, including "C. J. ..."

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 J. Brown

Licensed Embalmer No. 3933

P. O. Address Charleston, 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, above space should be left blank.