REC'D APR 1 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10605
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township
(c) City or Town Boonville,
Registration District No. 218
Primary Registration District No. 3015
Registered No. 46
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Henrietta Meyer,
(a) Residence, No. 724-6th. St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13th. 1864
7. AGE: Years 74 | Months 8 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as saw mill, bank, etc. At home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oskaloosa, Iowa.

FATHER
13. NAME Geo. F. A. Stegleder.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Mary E. Hochstetler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Mrs. F. A. Heyssel. Boonville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem. DATE Mar. 29th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Boller. Boonville, Mo.
20. FILED 3-28, 1939 D. S. Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1939, to Mar. 27, 1939
I last saw her alive on Mar. 25, 1939. Death is said to have occurred on the date stated above, at 9:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with cardiac decompensation	?

Other contributory causes of importance:

Name of operation None Date of No
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X16805

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/39

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 J H Goodman

Licensed Embalmer No. 478

P. O. Address Boonville, Mo

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

If this body is not embalmed, above space should be left blank.