

DEC 20 1939

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

28968
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper. Registration District No. 218
(b) Township Boonville Primary Registration District No. 3015- Registered No. 93
(c) City Boonville (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 John Meyer

(a) Residence, No. 714 Locust St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elizabeth Meyer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 3 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1939. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio.

13. NAME Adam Meyer.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Margaret Fuller.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Geo. Miller, Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Aug. 20th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Boller, Boonville, Mo.

20. FILED 8-21 1939 DeLooper 197 (Address) Boonville Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1939, to Aug 18, 1939

I last saw him alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy)

Date of onset Aug 16 1939

Other contributory causes of importance:

General Arteriosclerosis Unknown

Name of operation _____ Date of _____
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) J. C. Tincher, M. D.
Boonville Mo.

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.

RECEIVED
District Health Officer No. 8,
District File Number 91839
Date Filed _____

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. 1178
P. O. Address Bonville, M

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.