

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **11050**

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Grundy**  
 (b) City or town **TRINTON**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**212 East 8th STREET**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **IV**  
 (Specify whether years, months or days) **64 yrs**  
**170**

3. (a) PRINT FULL NAME **TENIA MEYERS**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Alfred T Meyer** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 9 1875**  
 (Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **14** If less than one day hr. min.

9. Birthplace **Grundy County Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Residence**

12. Name **Levi Monk**

13. Birthplace **Brooklyn New York**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Flora Mary Waller**

15. Birthplace **Ill**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Geneva Allen**

(b) Address **Trinton, Mo**

17. (a) **Burial** (b) Date thereof **Feb 26 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trinity Epw, Trinton, Mo.**

18. (a) Signature of funeral director **Raymond D Davis**

(b) Address **Trinton, Mo**

19. (a) **2-26-40** (b) **Irene D Jain**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**  
 (c) City or town **Trinton**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **212 East 8th STREET**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Febr** day **23**  
 year **1940** hour **5** about **11 A.M.**

21. I hereby certify that I attended the deceased from **Dec-30 1939** to **Feb 23 1940**

that I last saw him alive on **Feb 19 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis and myocardial degeneration**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **430**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? **300**

(e) Means of injury \_\_\_\_\_

23. Signature **E. O. Duffly M.D.** (M. D. or other) \_\_\_\_\_

Address **Trinton Mo** Date signed **2/25**

Duration

**1 year**

**2 years**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S. No. 2  
 11-10-39  
 5-17-39  
 X21492

40  
 4  
 2

RECEIVED

District Health Officer No. 11;

District File Number 440566

Date Filed APR 13 1948

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

Robert B. Davis

Registered Apprentice No. 212

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No.

3424

P. O. Address

Truett Mission

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.