

STANDARD CERTIFICATE OF DEATH

State File No. 21422

Registration District No. 150

Primary Registration District No. 5174 B

Registrar's No. 9

15 1940

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo.
(b) City or town Jackson Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William Frank Newmeyer

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Peety Siebel 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 13 1886
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Gordonville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Newmeyer

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

14. Maiden name Coraline Brennecke

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. S. Newmeyer

(b) Address Rt 2 Jackson Mo

17. (a) burial (b) Date thereof June 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation John M. E. cemetery

18. (a) Signature of funeral director Ms. Condo & son cat

(b) Address Jackson Mo

19. (a) 6/8/40 (b) W. M. Welford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route # 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-1-40
6-11-40, 1940, to 6-4-, 1940;

that I last saw him alive on 6-4-, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Apoplexy

Due to 1 - Hypertension

2 - Arterio Sclerosis

Due to 3 - Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death) 93 H

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? 122

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Arthur W. Catton (M. D. or other) 1

Address Jackson Mo Date signed 6-6-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

BA Meyer

Licensed Embalmer No.....

30571

P. O. Address.....

Jackson 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.