DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 194[redacted]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE O[redacted]DEATH

3154

State File No.

Registration District No. 668 Ba[illegible]

Primary Registration District No. 5884

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Rural - Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died at Home Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles South East Green Ridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jacob Meyers
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mrs Alice Myers deceased 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 20 (Day) 1858 (Year)

8. AGE: Years 83 Months 6 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace South of Cole Camp Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____
FATHER 12. Name Wm Jacob Meyers was an
13. Birthplace Prussia and this is (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name no Maiden Known
15. Birthplace the parents. (City, town, or country) (State or foreign country)
16. (a) Informant's own signature Clay Meyers
(b) Address Green Ridge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge Mo
18. (a) Signature of funeral director L. P. Reagan
(b) Address Green Ridge Mo
19. (a) 1-16-42 (Date received local registrar) (b) Mrs Anna Burger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 5, 1941, to Jan 15, 1942 that I last saw him alive on Jan 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: 940	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Heart failure, of left ventricle, cyanosis, dyspnea, pain substernal & epigastric	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature H. A. Hite (M. D. or other) M.D.
Address Green Ridge Mo Date signed 1/14/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

Rev. 5-17-39 Form 1 X19511

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 2-10-42

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 L. L. Ream

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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.