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FILED MAR 18 1942
Registration District No. 1225

Primary Registration District No. 3009

State File No. _____
Registrar's No. 67.

1. PLACE OF DEATH:

(a) County Cape County
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 87 hours
In this community 87 hrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis
(c) City or town Farmington Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Adam Meyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Aug 9 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>13</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER

12. Name Mrs. A. Meyer

13. Birthplace Farmington R.F.D. 3 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. J. A. ...

15. Birthplace Sal. Bur. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Meyer

(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof Feb. 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Farmington Mo.

18. (a) Signature of funeral director. Cooper ...
(b) Address Farmington Mo.

19. (a) 2-27-42 (b) F.W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1942 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from Feb. 19,
1942 to Feb. 22, 1942
that I last saw h.t.m. alive on Feb. 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain
Due to Automobile accident

Duration
<u>3 days</u>

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

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 115
(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 W.H. Wescott (M. D.)
Address Cape Girardeau Mo. Date signed Feb. 24

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

RECEIVED

District Health Officer No. 4
District File Number 342
Date Filed 3-16-42

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.....

[Signature], Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 4084

P. O. Address [Signature]

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, fact should be so stated above.

Registration District No. 125

Primary Registration District No. 3009

1. PLACE OF DEATH

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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

John A Meyer

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 9
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 10
(If less than one day in min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Automobile accident
Walked in path of
oncoming automobile
Due to C. medic St Cape Girardeau
mo

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

Major findings: _____
Of operations 170c-8

Of autopsy 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb 17-42
(c) Where did injury occur? Cape Girardeau Cape Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) _____
(e) Means of injury _____

23. Signature W. J. Westcott (M. D. or other) _____
Address 323 Adams Cape Girardeau Date signed 4-2-42

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

SUPPLEMENTARY

1950

1951

The following table shows the results of the survey conducted in the year 1950-1951. The data is presented in a tabular format, with columns representing the years and rows representing the different categories of the survey. The numbers in the table represent the frequency of responses for each category in each year.

Category	1950	1951
Category 1	12	15
Category 2	8	10
Category 3	5	7
Category 4	3	4
Category 5	2	3
Category 6	1	2
Category 7	0	1
Category 8	0	0
Category 9	0	0
Category 10	0	0
Category 11	0	0
Category 12	0	0
Category 13	0	0
Category 14	0	0
Category 15	0	0
Category 16	0	0
Category 17	0	0
Category 18	0	0
Category 19	0	0
Category 20	0	0
Category 21	0	0
Category 22	0	0
Category 23	0	0
Category 24	0	0
Category 25	0	0
Category 26	0	0
Category 27	0	0
Category 28	0	0
Category 29	0	0
Category 30	0	0
Category 31	0	0
Category 32	0	0
Category 33	0	0
Category 34	0	0
Category 35	0	0
Category 36	0	0
Category 37	0	0
Category 38	0	0
Category 39	0	0
Category 40	0	0
Category 41	0	0
Category 42	0	0
Category 43	0	0
Category 44	0	0
Category 45	0	0
Category 46	0	0
Category 47	0	0
Category 48	0	0
Category 49	0	0
Category 50	0	0
Category 51	0	0
Category 52	0	0
Category 53	0	0
Category 54	0	0
Category 55	0	0
Category 56	0	0
Category 57	0	0
Category 58	0	0
Category 59	0	0
Category 60	0	0
Category 61	0	0
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Category 68	0	0
Category 69	0	0
Category 70	0	0
Category 71	0	0
Category 72	0	0
Category 73	0	0
Category 74	0	0
Category 75	0	0
Category 76	0	0
Category 77	0	0
Category 78	0	0
Category 79	0	0
Category 80	0	0
Category 81	0	0
Category 82	0	0
Category 83	0	0
Category 84	0	0
Category 85	0	0
Category 86	0	0
Category 87	0	0
Category 88	0	0
Category 89	0	0
Category 90	0	0
Category 91	0	0
Category 92	0	0
Category 93	0	0
Category 94	0	0
Category 95	0	0
Category 96	0	0
Category 97	0	0
Category 98	0	0
Category 99	0	0
Category 100	0	0