V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34494

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville, Mo. Twn
(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 60-6-15
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Perryville, Mo. /
(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 0

3. (a) PRINT FULL NAME George J. Mecker
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Martha Mecker
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April (Month) 10 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
60	6	15	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Dealer in Live Stock
11. Industry or business
FATHER
12. Name Henry Mecker
13. Birthplace Perry Co. (City, town, or county) ~~Ill.~~ Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Katherine Bangert
15. Birthplace Bollinger Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Lonnie Mecker
(b) Address Perryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 10-26-42 (Date received local registrar) (b) O. F. Breuse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1942 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from June, 1942, to Oct 25, 1942
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of heart	
Due to	
Due to Chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0
23. Signature Wm H Bailey (M. D. ~~or other~~)
Address Perryville Date signed 4/4 1942

1113 (Licensed Embalmer's Statement on Reverse Side)

NOV 9 1942

RECEIVED

District Health Officer No. 3

File Number 1142-1343

Filed 11-6-42

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: Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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, fact should be so stated above.