

ED. AUG. 9 1943

3053

Registration District No. **275**

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **Rolla Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Henrietta Meyer**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Gust Meyer**

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

7. Birth date of deceased **February 3, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	5	3 hr. min.

9. Birthplace **Licking, Texas County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **William Riden**

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

14. Maiden name **Delian Giddens**

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

16. (a) Informant **Carl William Meyer**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **July 8, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Beaver Cemetery**

18. (a) Signature of funeral director **Null & Son Funeral Home**

(b) Address **508 West 8th Street Rolla, Mo.**

19. (a) **7/8/1943** (Date received local registrar)

(b) *[Signature]* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**

(c) City or town **Farmington, Missouri**
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
year **1943** hour **1** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **7-4** 19**43** to **7-6** 19**43**
and that death occurred on the date and hour stated above.
I last saw her alive on **7-6** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic industrial nephritis**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131a**

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)

(e) Means of injury.....

23. Signature *[Signature]* (M. D. or other)

Address **Rolla, Mo.** Date signed **7-8-43**

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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 D. L. Miller
Licensed Embalmer No. 3397
P. O. Address Rolla, 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.