

S. No. 2
OM-2-43
v. 5-17-39
I X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

12649

FILED APR 22 1948

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural--Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.R.#1, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 63 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City (RURAL) 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#1, Jefferson City, Mo 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto F. Meier

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-09-9469

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 9:00 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 12 1945 to April 12 1946
that I last saw him alive on April 12 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Savena Meier

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 15 1883
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

Due to Myocarditis 2 year

Due to arteriosclerosis 5 year

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

8. AGE: Years Months Days If less than one day

63	1	27	hr. min.
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9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Roofing Contractor

Major findings: Of operations _____

Of autopsy Autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name John Meier

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

14. Maiden name Mary Cook

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

16. (a) Informant Leslie H. Crumpler

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-14-1946
(Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director John G. Gordon

(b) Address Jefferson City, Missouri

19. (a) 4-13-46 (Date received local registrar)

(b) R.G. Harris MD (Registrar's signature)

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? _____

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

23. Signature A.W. Gillman (M. D. or other) M.D.

Address Jefferson City, Mo Date signed 4/13/46

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

11554

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-20-46

APR 26 1946

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 Omer L. Jones Jr.
Licensed Embalmer No. 1411
P. O. Address Jefferson City

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.