

Registration District No. **42**

Primary Registration District No. **1000**

**1. PLACE OF DEATH:**

(a) County **Dickman**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hosp # 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 days** (Specify whether)  
In this community **27 days** (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Atchison 11**  
(c) City or town **Rock Port** (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**

**George Van Meter**

(b) If veteran, name war **no**

(c) Social Security No. **None**

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **2**

6. (c) Age of husband or wife if alive **71** years

6. (b) Name of husband or wife **None**

7. Birth date of deceased **Aug 21 1871**  
(Month) (Day) (Year)

**8. AGE:**

Years **75** Months **0** Days **20**

If less than one day hr. min.

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

10. Usual occupation **Farmed**

11. Industry or business **Farming**

12. Name **George Van Meter**

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

14. Maiden name **Rosalia Jackson**

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

16. (a) Informant **Albert Borely**

(b) Address **2121 N. 1st St. St. Joseph, Mo**

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

(b) Date thereof **9/12/46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Rockport, Mo.**

18. (a) Signature of funeral director **Horton B. Tol + Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **Sept. 13, 1946**  
(Date received local registrar)

**J. Westphal**  
(Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept** day **11**  
year **1946** hour **4:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 15**, 1946 to **Sept 11**, 1946;  
that I last saw him alive on **Sept 11**, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Duration **Instant**

Due to.....  
Due to.....

Other conditions **9447**  
(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.....  
(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) Means of injury **0**

23. Signature **J. J. Spick** (M. D. or other)  
Address **State Hosp # 2** Date signed **9/13/46**

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

**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~~ .....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed

*Raymond H. Marsh*

Licensed Embalmer No. .... *4413*

P. O. Address *319 So 10th St Joseph, 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.**