

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town ELSBERY MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 66 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lincoln
(c) City or town Elberly
(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 _____

3. (a) PRINT FULL NAME LOUIS REITCHMAN MEYERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced WIDOWED

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

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

8. AGE: Years Months Days If less than one day
66 11 18 hr. min.

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

10. Usual occupation MILITARY WATCHMAN

11. Industry or business _____

12. Name C. C. MEYERS

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

14. Maiden name ANNA MESSLING

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

16. (a) Informant Mrs. Reginald Water

(b) Address Elberly

17. (a) Star Hope Cem. (b) Date thereof 10-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Star Hope Cem.

18. (a) Signature of funeral director Clifton Miller

(b) Address Elberly Mo

19. (a) Nov 12 1946 (b) Wm. St. Dewey
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month October day 29, year 1946 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from Oct 21, 1946, to Oct 29, 1946; that I last saw him alive on Oct 29, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death AURRICULAR FIBRILLATION

Due to CHRONIC MYOCARDITIS

Due to _____

Other conditions CANCER OF PROSTATE GLAND
(Include pregnancy within 3 months of death)

Major findings: Of operations none done

Of autopsy none done

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 D

23. Signature E. Williams (M. D. or other) M. D.

Address ELSBERY, MO Date signed 31 Oct 1946

Duration 6 MO.

SEVERAL YEARS

APPROX 2 YEARS

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36451

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 Oct 29-1946
....., Registered Apprentice No.
working under my personal supervision.

Signed Clifton Miller.....

Licensed Embalmer No. 3364.....

P. O. Address Elabing, Tenn.....

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.