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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20422

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 91

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
811 EAST HIGH  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27  
(c) City or town BOONVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 EAST HIGH 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHRISTIAN LEONARD MEIER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEBRUARY 20 - 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 3 15 hr. min.

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

10. Usual occupation PAINTER

11. Industry or business PAINTING

MOTHER FATHER

12. Name JOSEPH A. MEIER

13. Birthplace GERMANY 4

14. Maiden name BARBARA ANN STEGNER

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS JULIA OVERSHINER

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof JUNE 6-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 6-5-47 (b) [Signature] 3017  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4th  
year 1947 hour 12:20 minute p. M.

21. I hereby certify that I attended the deceased from June 4 1947  
to June 4 1947  
that I last saw him alive on 1 year ago and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration 1 day

Due to Apoplexy cerebri

Due to arteriosclerosis hypertension

Due to old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 \_\_\_\_\_

23. Signature [Signature] M. D. or other) \_\_\_\_\_

Address Boonville, MO Date signed 6-4-47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-16-47

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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.....

FRED W. HARRIS

Registered Apprentice No. 476

working under my personal supervision.

Signed.....

*James W. Segner*

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.