

FILED OCT 25 1947

Registration District No. 25

Primary Registration District No. 5192

Registrar's No. 236

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town COMBS
(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 19 YEARS
years, months or days

3. (a) PRINT FULL NAME DANIEL MEYERS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LENA MEYERS 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased FEB 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 22 hr. _____ min.

9. Birthplace MORGAN COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER

12. Name MARTIN MEYER
13. Birthplace MORGAN COUNTY MO
(City, town, or county) (State or foreign country)
14. Maiden name ANNA STANS
15. Birthplace PETTIS COUNTY MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LENA MEYERS
(b) Address WAKENDA MO

17. (a) BURIAL (b) Date thereof OCT 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST MARYS CEMETERY

18. (a) Signature of funeral director E. S. JAMES
(b) Address SANSEBRIA MO

19. (a) 10/8/47 (b) Mrs. Herbert C. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARROLL 17
(c) City or town RURAL COMBS TWP 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 MI EAST OF CARROLLTON MO 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 5
year 1947 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 19 1947 to Oct 5 1947
that I last saw him alive on Sept 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease with generalized arterio-sclerosis Duration
Due to

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

Major findings: Of operations ASD
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 5

23. Signature J. M. ... (M. D. or other) M.D.
Address Carrollton MO Date signed 10-1-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

Date Filed

10-24-47

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.