

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 16 1948

Registration District No. 389

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 1684

Registrar's No. 155

1. PLACE OF DEATH:  
(c) County Dinn  
(b) City or town Marceline  
(c) Name of hospital or institution: St Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
In this community 32 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Louis William Meyer  
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: marrie  
6. (b) Name of husband or wife: Minnie Krimme  
6. (c) Age of husband or wife if alive: 69 years  
7. Birth date of deceased: October - 1 - 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 | 3 | 23 | hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Louis William Meyer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Wagoner  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L W Meyer  
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation at Olivet  
18. (a) Signature of funeral director James M. Gault  
(b) Address Marceline Mo

19. (a) Jan 27 1948 (Date received local registrar)  
(b) Mary Jane Owens (Registrar's signature) 1/01

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Dinn 58  
(c) City or town Marceline 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 230 W Booker 1  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1948 hour 3 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Dec 1  
1947, to January 17, 1948  
that I last saw him alive on January 17, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 18 hrs.  
Due to Hypertensive heart disease 20 yrs.

Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 937  
Of autopsy

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  
23. Signature B. B. Turst (M. D. or other) MD  
Address Marceline Mo Date signed 1-27-48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

Signed Blanche M. Laughlin  
Licensed Embalmer No. 1909  
P. O. Address Marceline 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.**