FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11750
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County Moniteau   Registration District No. 571
(b) Township Walker   Primary Registration District No. 4335   Registered No. 18
or
(c) City California   (d) Street No. ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds.   (f) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. PRINT FULL NAME Albertine Meyers
(a) Residence, No. California Mo St.
(Usual place of abode, if no street address, write county or city)   (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Lewis Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 3 - 1852
7. AGE: YEARS 87 | MONTHS 3 | DAYS 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Hwf
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co Mo

FATHER
13. NAME: James Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo

MOTHER
15. MAIDEN NAME: Alcinda McKneal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT: Lewis Meyer
(ADDRESS): California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem   DATE 3/31 1940

19. FUNERAL DIRECTOR (NAME): William Friedman
(ADDRESS): California Mo

20. FILED 3-29 1940 H. R. Popejoy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1940, to March 27, 1940
I last saw her alive on March 27, 1940. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Arteriosclerosis

Other contributory causes of importance: 97

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) K. J. Barrow D. O. ~~M. D.~~
(Address) California, Mo

(Licensed Embalmer's Statement on Reverse Side)

I X16605

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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, above space should be left blank.

V. S. No. 2B
10M—2-21-40
1 X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11750

Registration District No. 571 Primary Registration District No. 4335 Registrar's No. 18

SUPPLEMENTARY

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town California Mo
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albertine Meyer

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
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 87 Months 3 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Housewife
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-29-40 (Date received local registrar) H. R. Lovejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19, to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature K. J. O'Bannon (M. D. or other)
Address California Mo Date signed

11750 (1940)