

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11397

State File No. \_\_\_\_\_

Registrar's No. 11

Registration District No. 577

Primary Registration District No. 4325

1. PLACE OF DEATH:

(a) County Moniteau, Co.  
(b) City or town California, Mo. Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
602. South Bethel St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 Yrs (years, months or days)

3. (a) PRINT FULL NAME Lewis Meyers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 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 April 5, 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Jacob Meyers

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

14. Maiden name Elizabeth Hackenberger  
(City, town, or county) (State or foreign country)

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

16. (a) Informant B. W. Ingore

(b) Address California, Mo.

17. (a) Burial (b) Date thereof Mar. 3. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cent. California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Mar. 3-42 (b) Miss James Roth  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 602. South Bethel, St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 2 year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 20 to Mar. 2, 1942

that I last saw him alive on Mar. 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to H62

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. O. Barison (M. D. or other) MD

Address California, Mo. Date signed 3/2/42

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

**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 Earl Bonlin  
Licensed Embalmer No. 2126  
P. O. Address California, Me

**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.**