FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948
Registration District No. 3044

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 9470

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California, Mo
(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 Missouri (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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEWIS BOUDINOT 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 Married
6. (b) Name of husband or wife Annie Hert Meyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 24, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	9	22	hr. min.

9. Birthplace Moniteau (City, town, or county) (State or foreign country)
10. Usual occupation Secretarial Work
11. Industry or business

FATHER
12. Name Wm. Meyer
13. Birthplace Barton County Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Hanna
15. Birthplace Moniteau County (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. B. Meyer
(b) Address California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo
19. (a) 3-24-48 (Date received local registrar) (b) HR Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1948 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 13, 1948 to March 16, 1948
that I last saw h alive on March 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 hours
Due to: Intestinal Infection	3 days.
Due to: Peptic Ulcers.	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

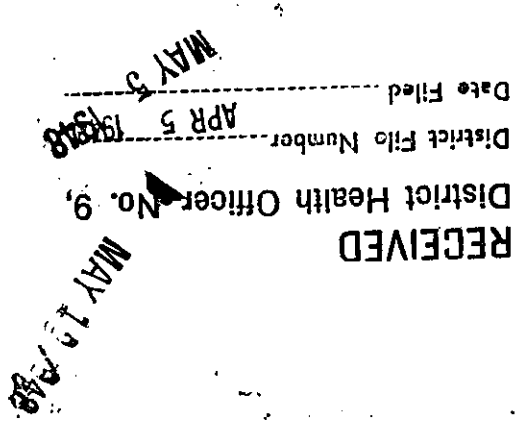
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edgar A. Hobbs (M. D. or other)
Address California Date signed 3/17/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 H E Friedmeyer

Licensed Embalmer No. 2854

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, fact should be so stated above.