

S. No. 2
M-8-43
5/17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 623

Registration District No. 2

Primary Registration District No. 514

Registrar's No. 1

1. PLACE OF DEATH:
(a) County. COOPER
(b) City or town. PRAIRIE HOME (RURAL)
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. MISSOURI (b) County. COOPER
(c) City or town. RURAL
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME. NICHOLAS H. MEYER
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 2 year 1948 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from 1947 to 1948 that I last saw him alive on 1-1-1948 and that death occurred on the date and hour stated above.

4. SEX MALE
5. Color or WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (c) Age of husband or wife if alive years 19 days 12 year 1886

Immediate cause of death
Chronic Valvular Disease of Heart
Duration 6 m

8. AGE: Years 61 Months 3 Days 20 hr. min.

Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

9. Birthplace MISSOURI
10. Usual occupation FARMING

MOTHER FATHER
12. Name BEN MEYER
13. Birthplace GERMANY
14. Maiden name MARY HEINEN
15. Birthplace MISSOURI

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

16. (a) Informant BEN D. MEYER
(b) Address PRAIRIE HOME MO
17. (a) BURIAL (b) Date thereof
(c) Place: burial or cremation CEDYON CEMETERY
18. (a) Signature of funeral director Albert Hombeck
(b) Address Prairie Home Mo
19. (a) Date received local registrar (b) Registrar's Signature

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?
(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. A. Meredith (M. D. or other)
Address Prairie Home Mo Date signed 1/2/48

(Licensed Embalmer's Statement on Reverse Side)

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 by Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Prairie Home 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: