S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20423

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County: Cooper Co.
(b) City or town: Boonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Abbr Van Ravenswaay Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Montgomery
(c) City or town: California Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

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

4. Sex: Female
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: Feb (Month) 20 (Day) 1870 (Year)

8. AGE: Years 77 | Months 3 | Days 17 | If less than one day: hr. min.

9. Birthplace: Montgomery Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:

FATHER
12. Name: J C Harris
13. Birthplace: (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Dorit Brown
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Wm Schmitzky
(b) Address: Boonville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cem., California Mo.
18. (a) Signature of funeral director: Hugh E Wilkinson
(b) Address: California Mo.
19. (a) 6-10-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1947 hour 10 P. M.
21. I hereby certify that I attended the deceased from June 2, 1947 to June 6, 1947 that I last saw h[er] alive on June 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	2
Due to: Lymphatic leucaemia	Years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
Of autopsy: None

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)
(e) Means of injury:
While at work?

23. Signature: Abbr Van Ravenswaay (M. D. or other)
Address: Boonville Mo Date signed: 6-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-27-47

JUL 2

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, fact should be so stated above.