No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38979

Registration District No. 221 Primary Registration District No. 4331 Registrar's No. 13

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Jamestown City 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? .... (Yes or No)
If yes, name country ....

3. (a) PRINT FULL NAME Mary Moore 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 Married
6. (b) Name of husband or wife A.B. Meyer
6. (c) Age of husband or wife if alive .... years
7. Birth date of deceased March 5, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	15	....hr. ....min.

9. Birthplace Moniteau County (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ....

FATHER
12. Name John W. Moore
13. Birthplace Massachusetts (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Curtis
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Harry Meyer
(b) Address Jamestown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Cal. Masonic Cemetry
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California, Mo.
19. (a) Dec 4 1947 (Date received local registrar) Yada M. Swow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1947 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from Nov. 15, 1947 to Nov. 20, 1947 that I last saw her alive on Nov 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aspiration Pneumonia (102)	12 hrs
Due to Bulbar Paralysis (82)	5 days
Due to Generalized Chronic Senescence (1048)	30 yrs
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 J. P. Burke, Jr. (M. D. or other)
Address California, Mo. Date signed 11/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-42

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..... M. 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.