

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25229

FILED JUL 24 1944

Registration District No.

Primary Registration District No.

3046

Registrar's No.

186

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(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 all her life (Specify whether
In this community all her life years, months or days)

3. (a) PRINT FULL NAME Sallie May Meyer
(b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 2
(b) Name of husband or wife W³ Meyer (c) Age of husband or wife if alive years
7. Birth date of deceased May 29 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 25 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

12. Name David A Hanna
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Randa Boudinot
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Levy B. Meyer
(b) Address California Mo

17. (a) Burial (b) Date thereof 6/25/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Crem

18. (a) Signature of funeral director Jewellman
(b) Address California Mo

19. (a) 6-24-44 (b) R. J. Rhee (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1944 hour 1 minute 4 A.M.

21. I hereby certify that I attended the deceased from July 1943 to June 24 1944
that I last saw her alive on June 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 weeks

Due to Generalized Arteriosclerosis 10 years

Due to

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 Kerryn Lathan (M. D. or other)
Address California Mo Date signed 6-24-44

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-21-44

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.