. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31872

Primary Registration District No. 3046

Registrar's No. 62

1. PLACE OF DEATH:
(a) County Moniteau County
(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
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Margaret Meyers
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 Chas. Meyers
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Oct (Month) 12 (Day) 1868 (Year)

8. AGE: Years 78 | Months 11 | Days 5 | If less than one day ... hr. ... min.

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

FATHER
12. Name Wm Harden Welch
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bailey
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. Meyers
(b) Address California Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem. Cal. Mo
18. (a) Signature of funeral director Hugh E. Williams
(b) Address California Mo.
19. (a) 9-22-47 (Date received local registrar) (b) H. R. Posey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1947 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 2, 1945, to Sept 15, 1947, that I last saw her alive on Sept 15, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 year.
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 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 10

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 9-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-3-47

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. Hellman

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.