

FILED OCT 11 1945

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town Rural Walker Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
California, Mo. Rt. #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Fred William Maier

3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Maier  
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 3 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 5 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Fred W, Maier

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Reva

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Maier

(b) Address California, Mo. Rt. #4

17. (a) Burial (b) Date thereof Sept. 27, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Evangelical Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 9-26-45 (b) H.R. Pobojay M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. California, Mo. Rt. #4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Sept. day 26  
year 1945 hour 1 minute 4 A.M.

21. I hereby certify that I attended the deceased from April 3  
1945 to Sept 26 1945  
that I last saw him alive on Sept 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 8 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 46 lb

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 Kenyon Latham (M.D. or other) \_\_\_\_\_

Address California, MO. Date signed 9-26-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-10-45

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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 M.E.

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Edward R. Boudin

Licensed Embalmer No. 2126

P. O. Address Calistonia 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.