

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11653

1. PLACE OF DEATH

County.....Buchanan..... Registration District No. 85
Township..... Primary Registration District No. 1001
City.....St. Joseph,..... (No. St. Joseph's Hospital..... St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Josephine Marie Meisner

(a) Residence, No. 1212 No. 2nd. St...... St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Meisner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Servere, France

13. NAME Pierre Charpentier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

15. MAIDEN NAME Josephine M. Lutz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

17. INFORMANT (ADDRESS) Mrs. W.H. White Atchison, Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Ashland Cemetery Apr. 7, 1932

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Paragon St. St. Joseph, Mo.

20. FILE APR 6 1932 John P. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5, 1932 .19

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to April 5, 1932
I last saw h. alive on April 5, 1932. Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset unknown

Other contributory causes of importance: none

Name of operation none **Date of**

What test confirmed diagnosis? clinical **Was there an autopsy?** no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Date of injury** , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lustar A. Law, M. D.

(Address) Kirkpatrick Bldg St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1932

