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.

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

Do not use this space.

JUN 22 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 396 — File No. 20254
Township Ft Osage — Primary Registration District No. 5552 — Registered No.
City Levasy (No. , St. Ward)

2. FULL NAME Christine Lisette Meinershagen
(a) Residence, No. Levasy Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. x mos. x 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry A. Meinershagen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	63	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in her own home
10. Date deceased last worked at this occupation (month and year) July 1936
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme Osage St. Charles Co. Mo

FATHER
13. NAME Charles Guhleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme Osage Mo.

MOTHER
15. MAIDEN NAME Louisa Tuepker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme Osage St Charles Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Paul Gross Levasy Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bone Hill Cem at Levasy Mo. DATE Oct. 13. 36, 19

19. UNDERTAKER (ADDRESS) V. M. Reppert Buckner Missouri

20. FILED Oct 16, 1936 John W Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15. 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Sp 20, 1936, to Oct 15, 1936
I last saw her alive on Oct 13, 1936. Death is said to have occurred on the date stated above, at 4:00 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Several months

Other contributory causes of importance: 40

Name of operation none Date of x
What test confirmed diagnosis? x Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? x Date of injury, 19
Where did injury occur? x (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
x
Manner of injury x
Nature of injury x

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify x
(Signed) John W Robertson, M. D.
(Address) Buckner, Mo