

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

21696
 Do not use this space.

REC'D JUL 17 1938

1. PLACE OF DEATH

(a) County Cooper Registration District No. 223
 (b) Township Clear Creek Primary Registration District No. 4134
 (c) City Pilot Grove (d) Street No. 5304 Registered No. 37
 (e) Length of residence in city or town where death occurred 7 yrs. - mos. - ds. - (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Peter George Meisenheimer, 25
Pilot Grove, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. (SEX) M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Meisenheimer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 27 - 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm.
 10. Date deceased last worked at this occupation (month and year) June 15, 1938 11. Total time (years) spent in this occupation 60
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove, Missouri
 FATHER 13. NAME Phillip Meisenheimer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Germany
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Germany
 17. INFORMANT (ADDRESS) Otto P. Meisenheimer, Kansas City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Lym. Pilot Grove, Mo. DATE 7-1-38
 19. FUNERAL DIRECTOR (ADDRESS) Hay & Stecklein, Pilot Grove, Mo.
 20. FILED 6/10/38 1938 R. B. Roscher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1938
 22. I HEREBY CERTIFY, That I attended deceased from not attended, 19... to ..., 19...
 I last saw h. alive on not seen alive, 19... Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset not known
 Other contributory causes of importance: A.H.D.
 Name of operation... 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) J. C. Tincher, Jr. M. D.
Boonville Mo.
Coroner of Cooper County Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, George A. Stocklein, Licensed Embalmer No. 33.69
hereby certify that the body recorded on the reverse side of this certificate was embalmed by George A. Stocklein

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed George A. Stocklein
Licensed Embalmer No. 33.69

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.)