

NOV 2 1938

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

34490  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Law Primary Registration District No. 1002 Registered No. 3826  
(c) City Jackson City (d) Street No. Urethaven Conv. Home St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 24 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Charles Meierhoffer  
(a) Residence, No. 4332 Harrison St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Meierhoffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1858

7. AGE YEARS 80 MONTHS 1 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
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) Booneville, Mo.

FATHER 13. NAME Jacob Meierhoffer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Reinhold L. Meierhoffer  
3727 Flora

18. BURIAL, CREMATION, OR REMOVAL PLACE Booneville, Mo. DATE Oct 3 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer  
Brushcreek & Paseo

20. FILED Oct 2, 1938 M. A. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/13, 1938, to 10/1, 1938  
I last saw him live on 9/30, 1938 Death is said to have occurred on the date stated above, at 12:22 A.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
a Cerebral Arterio-  
-sclerosis.  
Date of onset 8/20/38

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 James D. Smith M. D.

(Signed) James D. Smith M. D.  
318 Professional Bldg.  
Kansas City, Mo.  
3 (Address) .....

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.

12-5  
08625-10

**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, .....

*George M. Collier*, or by .....

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

Signed *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address .....

**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, above space should be left blank.**