

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

**2650**  
Do not use this space.

**FILED FEB 7 1940**

1. PLACE OF DEATH 2 Jasper Registration District No. 408  
 (a) County Jasper (b) Township 0 Primary Registration District No. 3020  
 (c) City Carthage (d) Street No. 3020 Registered No. 6  
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Henry William Meuschke  
 (a) Residence, No. 1407 Grand 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Meuschke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>11</u>	<u>11</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as 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) Steubenville Ohio

FATHER

13. NAME John Meuschke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart Germany

MOTHER

15. MAIDEN NAME Augusta Wolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart Germany

17. INFORMANT (ADDRESS) Mrs Frank H. Kneel Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Delaware Mo DATE Jan 12 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Carthage Missouri

20. FILED Jan 10 1940 E. J. McEntee Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1940

22. I HEREBY CERTIFY, that I attended deceased from Feb 28, 1936 to JAN 9, 1940  
 I last saw him alive on JAN 9, 1940. Death is said to have occurred on the date stated above, at 7:10 p. m.  
 The principal cause of death and related causes of importance were as follows:

<u>Pneumonia, hypostatic</u>	Date of onset <u>Jan 2, 40</u>
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Other contributory causes of importance:

<u>Myocarditis, chronic</u>	<u>Feb 1936</u>
<u>Cerebral embolus</u>	<u>Oct 23, 39</u>
<u>Nephritis, chronic</u>	<u>Mar 4, 1937</u>

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) Ernest J. McEntee M. D.  
 (Address) Carthage 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.

RECEIVED

District Health Officer No. 6,

District File Number 240-2181

Date Filed FEB 13 1940

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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.....

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

Signed J. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage 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, above space should be left blank.**