

FIELD MAY 9 1940

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

14687  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Town or City Jefferson Primary Registration District No. 3014 Registered No. 80  
(c) City Jefferson (d) Street No. St. Marys Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 305 Hamlin 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1940  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st, 1940  
22. I HEREBY CERTIFY, That I attended deceased from Mar 27 1940 to April 1 1940  
I last saw her alive on April 1st 19..... Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:

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

Pneumonia  
Date of onset  
15A  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Jefferson city (STATE OR COUNTRY) Missouri

13. NAME Adolph Meyers

14. BIRTHPLACE (CITY OR TOWN) Jefferson city (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lydia Wilmsberg

16. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Adolph Meyers  
Jefferson city Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE 4/1/40

19. FUNERAL DIRECTOR (NAME) Tanner Service (ADDRESS) Jefferson city Mo.

20. FILED 4/3 19 40 Superior Mo. Local Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
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?.....  
If so, specify.....  
(Signed) W. B. ... M. D.  
Jefferson City Mo. (Address)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**