

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31588

Registration District No. 109

Primary Registration District No. 5752

Registrar's No. 993

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Osborne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days _____

8. (a) PRINT FULL NAME George R. Meng

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sula Meng 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) 12 (Day) 12 (Year) 1873

8. AGE: Years 66 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel M. Meng

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Marie Carlton

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Dunn

(b) Address Cedar City Mo

17. (a) Burial (b) Date thereof 9-20-1940 (Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Home cemetery

18. (a) Signature of funeral director Ray W. Holt

(b) Address 1200 Brookfield Ave

19. (a) Sept 26-1940 (b) Chas. R. Cook (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Mi - N. Cedar City (If rural, give location)

(e) If foreign born, how long in U. S. A. 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day Sept year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart no physician Duration _____

Due to Evidently to heart failure
was subject to falling

Due to with some all work

Other conditions good (Include pregnancy within 3 months of death)

Major findings: Of operation found dead in bed Of autopsy serial external cause PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Sept 26, 1940

(c) Where did injury occur at home in bed (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About midnight Sept 25-26 (Specify type of place) (M. D. or other)

While at work? in bed (Specify type of place) (M. D. or other)

23. Signature W. J. Tarrett J. Patton (M. D. or other)

Address Sept 26 1940 Date signed _____

Callaway 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 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 Ray A Holt

Licensed Embalmer No. 2605

P. O. Address Ben Blomfield

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.