

FILED OCT 18 1940

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

32417

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 469  
 (b) Township Lincoln Primary Registration District No. 5-630  
 (c) City Miller (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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.

Registered No. 17

## 2. PRINT FULL NAME

Napoleon Bonapart Meinnich  
 (a) Residence, No. Miller Mo. St.  (If nonresident, give city or town and State)

## 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 unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 11 19  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Fireman  
 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) Lawrence Co. Mo.  
 FATHER  
 13. NAME Wm. Harry Meinnich  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.  
 MOTHER  
 15. MAIDEN NAME Lucy Lamb  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.  
 17. INFORMANT (ADDRESS) Emory Meinnich Miller Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dunbar DATE 5-7-1940  
 19. FUNERAL DIRECTOR (ADDRESS) Monroe & Leiman Miller Mo.  
 20. FILED 9-1 1940 W. S. Beunoy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to May 29, 1940, last saw him alive on May 29, 1940. Death is said to have occurred on the date stated above, at 12:15 A. M.  
 The principal cause of death and related causes of importance were as follows:

Heart Block  
dating for three years.

Date of onset

Other contributory causes of importance: 95W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Syncope 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) L. J. Adams, M. D.

(Address) Miller Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1040-2663

Date Filed 8-7-30

STATEMENT BY LICENSED EMBALMER

I, G. R. Leman, Licensed Embalmer No. 3297

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

I. E. ....

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

Signed G. R. Leman  
Licensed Embalmer No. 3297

**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.)**