

NOV 15 1940

STANDARD CERTIFICATE OF DEATH

35135

State File No. _____

Dr. Bedford

Registration District No. 213

Primary Registration District No. 307 5293 Registrar's No. 258

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.#1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 84 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Mary Meier

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Meier

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 4 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>6</u>	hr. _____ min.

9. Birthplace Osage Bluff, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Koch

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

14. Maiden name Margaret Engelbrecht

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

16. (a) Informant Otto Meier

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 10-10-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1940 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 10-6, 1940, to 10-10, 1940, that I last saw her alive on 10-9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncheal pneumonia

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Jeff. City Date signed 10/10/40

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Walter J. Gordon

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City, 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, fact should be so stated above.