

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15446

Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 908 South Missouri
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 5:25 minute A. M.
21. I hereby certify that I attended the deceased from April 12th
19 41 to April 13th 19 41;
that I last saw him alive on April 13 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremic Convulsions

Duration

4 PM

April 12

Due to Chronic Alcoholism ?

Due to Chronic Glomerular Nephritis ?

Due to Hypertension ?

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) no

(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?
no

(Specify type of place) _____
While at work (e) Means of injury _____

23. Signature W. B. Carlisle M.D. (M. D. or other) _____

Address Sedalia Mo Date signed 4-15-41

3. (a) PRINT FULL NAME Adolph Conrad Meier

3. (b) If veteran, name war None 3. (c) Social Security No. none

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

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

7. Birth date of deceased October 5, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 8 _____ hr. _____ min.

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

10. Usual occupation Upholster

11. Industry or business _____

12. Name August Meier

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

14. Maiden name Meta Ludeman

15. Birthplace Walla Walla South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Meier

(b) Address 908 South Missouri

17. (a) Burial (b) Date thereof April 15
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Sedalia

18. (a) Signature of funeral director Dr. W. B. Carlisle

(b) Address Sedalia, Missouri

19. (a) 4-15-41 (b) Wm. Harry Sneed
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Mitchell

RECEIVED
District Health Officer No. 8
Justice File Number
Date Filed 5-19-41

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 *Maune Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Medalia 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.