S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18695

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Phelps
(b) ~~City or town~~ St James, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St James Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month (Specify whether
In this community fifteen years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps, 81
(c) City or town St James, Missouri 0
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 54 0 years.

3. (a) PRINT FULL NAME William Meinshausen.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lena Meinshausen
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased December, 10th, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	8	hr. min.

9. Birthplace Hanover, Germany.
(City, town, or county) (State or foreign country)
10. Usual occupation Coppersmith.
11. Industry or business
FATHER
12. Name Not known.
13. Birthplace " 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Hilger.
(b) Address St James, Missouri.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery. St James, Mo.
18. (a) Signature of funeral director Jonas & Gomar
(b) Address St James Mo
19. (a) 5/3/41 (Date received local registrar) (b) Elsie B Houk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 28th, year 1941 hour 10 55 minute 9 M.
21. I hereby certify that I attended the deceased from May 13th, 1941, to May 28, 1941; that I last saw him alive on May 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death
Tumor of Transverse Colon
Due to Carcinoma?
Due to ✓
Other conditions ✓
(Include pregnancy within 3 months of death)
57 1/6
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?
(Specify type of place)
While at work? ✓ (e) Means of injury
23. Signature E. A. Scott (M. D. or other)
Address St James Hospital St James Date signed 5-3-41

8/42
320

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

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 L. J. Jones

Licensed Embalmer No. 2479

P. O. Address Otterville 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, above space should be left blank.