

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41333

State File No. _____

JAN 6 1942

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 26

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

1. PLACE OF DEATH, Benton

(a) County Benton

(b) City or town Cole Camp Rural Williamstownship
(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 73 years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Herman H Miesner

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mrs Anna Miesner

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 25th 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hine Miesner

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

14. Maiden name Katharine Ilfers

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

16. (a) Informant Mrs Sherman H. Miesner

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Dec 4th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monsees Cemetery

18. (a) Signature of funeral director E. H. Buckhoff

(b) Address Cole Camp Mo

19. (a) Dec-4th 1941 (b) Sue Delaver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1941 hour 2:30 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12-1-1941 to 12-2-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration ?

Due to Sensitivy

Due to _____

Other conditions Carcinoma of Prostate 62 mon.
(Include pregnancy within 3 months of death)

Major findings: Of operations 516

Of autopsy _____

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)

Means of injury D

23. Signature J. D. Bennett (M. D. or other) M.D.

Address Cole Camp Mo Date signed 12-4-41

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2091

Date Filed 1-5-42

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 E. L. Eickhoff 730

Licensed Embalmer No.

P. O. Address Cole Camp 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.