

JAN 13 1942 85

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 1200

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3240 Penn Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Months (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Anna Meyers

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

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

6. (b) Name of husband or wife Wm. H. Meyers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 8 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Somerset Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Stahl

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

14. Maiden name Mary Anna Miller

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

16. (a) Informant Mrs Henry Banks

(b) Address St. Joseph, Mo

17. (a) Removal (b) Date thereof 12-16-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falls City Neb.

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St. Joseph, Mo

19. (a) Dec. 16, 1941 (b) H. J. Nestlebusch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3240 Penn Street / 7  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1941 hour 8 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from June 1941  
to Dec 15 1941  
that I last saw her alive on Dec 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Heart disability  
Gastric carcinoma

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? 2

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature Henry Banks (D. or other) Dec

Address 823 Faron Street Date signed 12-16-41

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

MOTHER FATHER

85

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

R. Gery

**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 me

12-15-41 Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address SX Joseph M

**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.**