

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1942

Registration District No. 668

Primary Registration District No. 5884

Registrar's No. 57

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Ionia Rural Washington Twp
(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 55 Years
(Specify whether years, months or days)
 In this community 55 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Ionia 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.? 49 Years years.

3. (a) PRINT FULL NAME Claus Miesner
 (b) If veteran, name war _____
 (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 3rd
 year 1942 hour 9 minute 40 P. M.

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

21. I hereby certify that I attended the deceased from 1-10-1942 to 2-30-1942
 that I last saw him alive on 2-3-1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mrs Anna Miesner
 6. (c) Age of husband or wife if 75 years
 7. Birth date of deceased February 18th 1857
(Month) (Day) (Year)

Immediate cause of death Chronic Bright's disease
 Duration _____

8. AGE: 84 Years
 Months 11 Days 15
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

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

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

10. Usual occupation Farmer

Major findings: 1318
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Claus Miesner
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Roberts
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Miesner
 (b) Address Ionia Mo R F D

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? _____

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Feb 6th 1942
(Month) (Day) (Year)
 (c) Place: burial or cremation Cheese Creek Cemetery

18. (a) Signature of funeral director E L Eckhoff
 (b) Address Cole Camp Mo

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

19. (a) 2/6/42
(Date received local registrar) (b) Mrs Anna Burger
(Registrar's signature)

23. Signature Claus Miesner (M. D. or other) Good
 Address Cole Camp Mo Date signed 2-4-42

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-12-42

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. I. Eickhoff

Licensed Embalmer No. 730

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.