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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9769

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 1121

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospt. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 31 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jack. 048
(c) City or town K. C. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3429 Wabash.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry J. Meyersieck

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

4. Sex male 0
5. Color or race W
6. (a) Single, widowed, married, divorced none 9
6. (b) Name of husband or wife xx unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	3	hr. min.

9. Birthplace Cincinattie (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Restaurant.
11. Industry or business
FATHER
12. Name Wm. Meyersieck
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Carrie Telthester
15. Birthplace Cinn. Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs. C. H. Walker
(b) Address Cinn. Ohio.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City, Mo.
19. (a) 3-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 3.18.42
year hour minute M.
21. I hereby certify that I attended the deceased from 3:30 a.m. 19 , to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Toxic hepatitis
Due to Chronic alcoholism 124 a
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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 [signature] (M. D. or other)
Address K. C. Mo. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. P. Ragsman

Licensed Embalmer No. 2744

P. O. Address K.C. 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.