

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38298
Registrar's No. 47

Registration District No. 340

Primary Registration District No. 6152

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural (Liberty)
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John Andrew Mekan

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 Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 3 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 29 _____ hr. _____ min.

9. Birthplace Saxony Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andreias Mekan
13. Birthplace Saxony Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Lucas

(b) Address Bernie, Mo.

17. (a) Burial (b) Date thereof 11-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Bernie, Missouri

19. (a) 11-17-42 (b) Archie Mekan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - (Liberty)
(If rural, give location)
(e) If foreign born, how long in U. S. A? 9 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
year 1942 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan
1940 to Nov 2, 1942
that I last saw him alive on Nov 1st, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute Cardiac dilatation

Due to Arteriosclerosis
Valvular

Other conditions Chr. Myo Carditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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) (e) Means of injury _____

23. Signature Geo Schaefer (M. D. or other) MD
Address Dexter, Mo Date signed 11/10/42

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

103
0
0

103
0
0

RECEIVED

District Health Office No. 2,

District File Number 1242-1053

Date Filed 12-8-42

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.....

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.