V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38312

State File No.

Registration District No. 347 Primary Registration District No. 6172 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Galena, Mo. R 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104 0

(c) City or town Galena 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Sandy Meisenheimer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race wh

6. (a) ~~Single, widowed, married,~~ 3 divorced divorced

6. (b) Name of husband or wife ~~no~~ Mary Clifton

6. (c) Age of ~~husband~~ or wife if alive 65 years

7. Birth date of deceased Nov. (Month) 26 (Day) 1854 (Year)

8. AGE: ~~8~~ Years 87 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Dongola - Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation painter

11. Industry or business

FATHER
12. Name Abraham Meisenheimer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Sethman
15. Birthplace ~~Unknown~~ Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant G. E. Meisenheimer
(b) Address 342 S. Park Casper Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 42 (Month) (Day) (Year)
(c) ~~Place~~: burial ~~or cremation~~ Dongola Ill

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Rd Galena Mo.

19. (a) Nov 22 42 (Date received local registrar) (b) Nellie Tromley (Registrar's signature)

1172 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1942 hour 10 ~~minute~~ a M.

21. I hereby certify that I attended the deceased ~~from~~ at death Nov 21, 1942, to, 19
that I last saw him ~~alive on~~ the day of death, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration 15 yrs

Due to Dropical Condition

Due to no medical care.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

95c

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 2

23. Signature Everett J. Cheatham ~~(M. D. or other)~~ Coroner

Address Galena, Mo. Date signed Nov. 23 42

RECEIVED
District Health Officer No. 6,
District File Number 1242-1699
Date Filed DEC 8 1942

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 Everett J. Cheatham

Licensed Embalmer No. 3876

P. O. Address Galena 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.