

FILED DEC 14 1942

Registration District No. 359

Primary Registration District No. 6219

Registrar's No. 40

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Rural, Daywood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
S. of Milo, Mo.
(If name of hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 11 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Vernon
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. S. of Milo, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country. _____

3. (a) PRINT FULL NAME Benjamin Joseph Meiter
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 28
 year 1942 hour about 5 minute 10 M.
 21. I hereby certify that I attended the deceased from 1939 to 11-27 1942
 that I last saw him alive on Nov. 28 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex Male
 5. Color or Race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Mary Ann
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 30, 1849
(Month) (Day) (Year)

Duration _____
Interstitial Nephritis 2 3/4

8. AGE: Years Months Days If less than one day
92 10 29 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions 12/10
(Include pregnancy within 3 months of death)

9. Birthplace Richland Va. 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Contractor & Builder

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

11. Industry or business _____
 12. Name Benjamin Andrew Meiter
 13. Birthplace Unknown Va. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Ann K. Terrell
 15. Birthplace Unknown Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Renaice Milo, Mo.
 (b) Address _____
 17. (a) Burial (b) Date thereof 12-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Spring Grove

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 C. L. Keithly (M. D. or other) _____
 Address Milo, Mo. Date signed 12-1-42

18. (a) Signature of funeral director W. P. ...
 (b) Address Milwaukee, Mo.
 19. (a) Dec 2, 1942 (b) Alessmer Ludwig
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number

12-42-1291

Date Filed

12-7-42

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..... *Mark E. Linger*

Licensed Embalmer No. *26576*

P. O. Address..... *Nevada, 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.