

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Dr. Taylor
FILED FEB 13 1943
Registration District No.

Primary Registration District No. 5303

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cole

(b) City or town RURAL--Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D.#2, Jefferson City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 56 years..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. R.F.D.#2, Jefferson City, Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Henrietta Meister

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

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, 2 divorced Widow

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

7. Birth date of deceased: October 27 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>22</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Wendler

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

14. Maiden name Not known

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant Wm Meister

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-22-1943
(Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director John J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-19-43 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
1943 year. 1924 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept 1 1941 until Jan 18 1943
that I last saw her alive on Jan 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic valvular heart disease

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Theresa Richter (M.D. or other)

Address Jefferson City Mo Date signed 1-19-43

26
00
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

874

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..... *Louis Sweet*

Licensed Embalmer No. *4096*

P. O. Address..... *Jefferson City*

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.