

3. No. 2  
4-5-42  
5-17-39  
1 x32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11074**  
Registrar's No. **86**

FILED APR 9 1943 74  
Registration District No. **74**

Primary Registration District No. **3052**

1. PLACE OF DEATH: **Pettis**  
(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**506 W 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **72 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **506 W 3**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Blanche Meyers**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced, **widowed**  
6. (b) Name of husband or wife **Peter R Meyers**  
6. (c) Age of husband or wife if alive, years \_\_\_\_\_  
7. Birth date of deceased **Oct. 4 1852**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **5** Days **9**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boylers Mill Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **Herman Frisch**

12. Name **Herman Frisch**

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

14. Maiden name **Margaret Smith**

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

16. (a) Informant **Leo Meyers**  
**Sedalia Mo.**

(b) Address \_\_\_\_\_  
17. (a) **Burial** (b) Date thereof **Mar. 16 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary Cemetery**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **3/15/43** (b) **Anna Berger**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**  
year **1943** hour **11** minute **P** M.  
21. I hereby certify that I attended the deceased from **Jan 4**  
**1941** to **Mar 13** 1943  
that I last saw her alive on **Feb. 24** 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of sigmoid**  
Duration **1 year**

Due to **metastatic sigmoid flex of colon**

Due to **Injury not contributable to his death**

Other conditions **Broken**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **not made**  
PHYSICIAN **H. J. [Signature]**  
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) **no**

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? **at home**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**at home**

While at work? **yes** (Specify type of place) (e) Means of injury **fall**

23. Signature **Chas. [Signature]** (M. D. or other)  
Address **1123 W 7 Sedalia** Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED-

District Health Officer No. 8,

District File Number

Date Filed 4-8-43

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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.....

*Robert H. Reed*

Licensed Embalmer No.

*3745*

P. O. Address.....

*Sedalia 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.**