

V. S. No. 2
50M-542
Rev. 5-17-39
I X 127

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18240**
Registrar's No. **25**

ED MAY 20 1943
Registration District No. **174**

Primary Registration District No. **3035**

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

53
3
2

1. PLACE OF DEATH

(a) County Lafayette

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

(c) Name of hospital or institution: 17th South 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 2 wks _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Meng

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased Oct. 21 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 7 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Druggist

11. Industry or business _____

12. Name Simon Haggard

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

14. Maiden name Matilda Fox

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

16. (a) Informant Jeff Wilson

(b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Dover Mo

18. (a) Signature of funeral director Whitely

(b) Address Lexington Mo

19. (a) May 5-43 (Data received local registrar) (b) Mrs Fred Schwal (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4/1/43 19. to 4/3/43 19. ;
that I last saw h. de alive on 4/3/43 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Aneurysm

Due to Tuberculosis, cereb
Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830'

Major findings: Of operations _____

Of autopsy _____

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 D. J. Carroll (M. D. or other) 4/3/43
Address Key, Mo Date signed 4/3/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Payrol

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-14-43

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 *W. G. McLean*

Licensed Embalmer No. 2983

P. O. Address *Leungton 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.