

FILED AUG 11 1943

State File No. _____

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Liberty
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Liberty
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 110 W. Kansas St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MINNIE T. MEFFERT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband John Meffert 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 30, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 25 hr. _____ min. _____

9. Birthplace New York City, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Timbison

13. Birthplace New York City, N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Johanna

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

16. (a) Informant Mrs Anna J. Hall

(b) Address 139 N. Main Liberty, Mo

17. (a) Burial (b) Date thereof July 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty, Mo

18. (a) Signature of funeral director Edward W. ... Co

(b) Address Liberty, Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1943 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from March 1937 to July 25 1943
that I last saw him alive on July 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Hypertension
Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

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 George ... (M. D. or other) _____
Address Liberty, Mo Date signed 7/24/43

Duration 7 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-10-43

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

Edgar Archer

Licensed Embalmer No. 3311

P. O. Address

Liberty 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10 AUG 11 1943
Registrar's No. 56

Registration District No. 73

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie J. Meffert

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

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

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

7. Birth date of deceased May 30 1884
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 25 1943 (Date received local registrar) (b) Edouard Early (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 July year 1943 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death coronary occlusion Duration _____

Due to Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

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 Richardson (M. D. or other) _____

Address Liberty, Mo Date signed 8/13/43

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

SUPPLEMENTAL

MOTHER FATHER

S-24725