S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43308

Registration District No. 274 Primary Registration District No. 5926 Registrar's No. 415

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town ~~Cole Camp~~ Rural Flat Creek Township
(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 79 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. About Ten Miles North of Cole Camp
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martin Mein

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs Margaret Gerken

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

7. Birth date of deceased March (Month) 17th (Day) 1865 (Year)

8. AGE: Years 79 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Pettis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Henry Mein
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Letta Balke
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Theodore Mein

(b) Address Spring Fork Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1st 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Cemetery

18. (a) Signature of funeral director E L Bickhoff

(b) Address Cole Camp Mo

19. (a) 1-1-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from ....., 1935, to Dec 29, 1943
that I last saw him alive on Dec 23, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility and Myocarditis	4 or 5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A. L. Walter (M. D. or other) MD

Address Sedalia Mo Date signed 2-31-

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-44

JUN 9 1944

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.