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FILED FEB 14 1944

Registration District No. **214**

Primary Registration District No. **5778A**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Miller**

(b) City or town **Meta Route 1**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1 Sun House, Meta**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Miller**

(c) City or town **Meta Route 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**
(If rural, give location)

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

3. (a) PRINT FULL NAME **GEORGE MEIBURGER**

3. (b) If veteran, **name war** _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Jan** day **2**
year **1944** hour **11** minute **15** **A.M.**

21. I hereby certify that I attended the deceased from **Dec 30** 19 **43** to **Jan 1** 19 **44**
that I last saw him alive on **Jan 1** 19 **44**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color of race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katie Meiburger**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Sept 7 1859**
(Month) (Day) (Year)

Immediate cause of death
Bronchial Pneumonia with influenza

Duration **4 days**

8. AGE:

Years	Months	Days	If less than one day
84	3	5	15 hr. 1 min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **53A**

Of operations _____

Of autopsy _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Chris Meiburger**

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

14. Maiden name **unknown**

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

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? _____

16. (a) Informant **Katie Meiburger**

(b) Address **Meta Route 1**

17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **1-26-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Meta Mo**

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director **W. E. Humphrey**

(b) Address **Meta Mo**

19. (a) Date received local registrar **Jan 4 1944** **(b) John L. Schreterman**
(Registrar's signature)

23. Signature **M. E. Humphrey** (M. D. or other)

Address **Meta Mo** **Date signed** **1-4-44**

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

RECEIVED

Miller County Health Dep't.

County File Number 44-24

Date Filed 1-7-44

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. ~~3664~~

working under my personal supervision.

Signed

Licensed Embalmer No. 3664

P. O. Address Keena, Va

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.