

FILED APR 5 1944

Registration District No.

Primary Registration District No. 4531

Registrar's No. 14

09
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton
(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 life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Meyer

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

3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 25, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Mitchell

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

14. Maiden name Angeline Williams

15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Adams

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J.W. Meiburg & Co.
(b) Address Warrenton, Mo.

19. (a) Mar. 11, 1944 (b) John A. Bebersmeyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Warrenton
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1944 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 15, 1943 to March 8, 1944; that I last saw her alive on March 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy 4 days Duration

Due to Bronchial asthma and bronchitis and high blood pressure 20 years or more

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

Major findings: J. J. W. 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 John A. Dyer (M. D. or other)

Address Warrenton, Mo. Date signed Mar. 9, 1944

1264

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-4-44

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. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

3897

P. O. Address _____

Warrenton, Md.

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.