

Registration District No. 18

Primary Registration District No. 5086

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Bates  
 (b) City or town Rural Homer Twp.  
 (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 1  
 (Specify whether  
 In this community 45 years  
 years, months or days)

3. (a) PRINT FULL NAME VENNA GRESINA MEINTS

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

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

6. (b) Name of husband or wife Albert J. Meints 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 22 1856  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unk Behrends  
 13. Birthplace unk Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unk  
 15. Birthplace unk unk  
 (City, town, or county) (State or foreign country)

16. (a) Informant George Meints  
 (b) Address Amoret Mo.

17. (a) BURIAL (b) Date thereof 5-5-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cemetery

18. (a) Signature of funeral director Breher & Mangold  
 (b) Address Amoret Mo.

19. (a) May 5-44 (b) Mrs. Helen Lilla  
 (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
 (c) City or town Rural Homer Twp.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
 year 1944 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from July 25, 1941  
 1941 to May 4 1944

that I last saw her alive on May 1 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 48 hrs

Due to Chronic Rheumatic Myocarditis 10 yrs

Due to Chronic Infections of Teeth, Bowels, Kidneys etc

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
 Major findings: 930  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 W. H. Schuler (M.D. or other) DO  
 Address Amoret, Missouri Date signed 5-5-44

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

RECEIVED

District Health Officer No. 7,

District File Number

5-44-75-6

Date Filed

6-24-44

---

---

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

*L. H. Mangold*

Licensed Embalmer No.

3610

P. O. Address

*Chattanooga, Tenn.*

**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, above space should be left blank.**