S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35450

FILED NOV 5 1944

Registration District No. 5 0

Primary Registration District No. 6112 B

Registrar's No.

1. PLACE OF DEATH:

(a) County ~~Ill~~ Scott

(b) City or town Ill mo Quemo Park
(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 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Union 99

(c) City or town ~~Jonesboro~~ Reynoldsville
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ✓ 2

3. (a) PRINT FULL NAME Henry Alford Meisenheimer

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race W —

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Sarah ~~Jane~~ Meisenheimer

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

7. Birth date of deceased Sep (Month) 12, (Day) 1874 (Year)

8. AGE: Years 70 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Union Co (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Monroe Meisenheimer
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Dillow
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Verda Dover
(b) Address Ill mo Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro, Ill,

18. (a) Signature of funeral director Bisplinghoff & Hobbard
(b) Address Ill mo Mo

19. (a) 10-1-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1944 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address [illegible] Date signed 10/1/44

729

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-1449
Date Filed 11-3-44

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 Glenn Wilson

Licensed Embalmer No.: 2828

P. O. Address Jackson 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.