

Registration District No. 77

Primary Registration District No. 5304

1. PLACE OF DEATH:

(a) County Cole Osage Prop.
(b) City or town Osage Bend, Mo. Rural
(c) Name of hospital or institution: Osage Bend Mo - Osage Prop.
(d) Length of stay: In hospital or institution Life 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Rural Nearer Osage Bend 0
(d) Street No. 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Meisel

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

4. Sex Male 0 5. Color or race White 1 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Ida 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 2. 1885 (Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Adam Meisel
13. Birthplace Osage Bend Mo. (City, town, or county) (State or foreign country)
14. Maiden name Caroline Klein
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Meisel
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 1/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Honey Profs Cem.

18. (a) Signature of funeral director Victor Buscher
(b) Address Jefferson City, Mo.

19. (a) 1-12-45 (b) Thelma Richter (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1945 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from 6-27-44 to Jan 11 1945 that I last saw him alive on Jan 11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pericarditis
Duration

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

Major findings: Of operations 1732
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 Edie Williams (M. D. or other) 1-12-45
Address Jefferson City Mo Date signed

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

MOTHER FATHER

RECEIVED

District Health Officer No. 97

District File Number.....

Date Filed 1-23-45

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.