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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27553

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 222

48
0
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Miles North of Lees Summit (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Rural ~~Pra~~ Blue Twp. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 5 mi North of Lees Summit 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Augusta O. Meikel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Meikel

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

7. Birth date of deceased Feb 22 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Terre Haute (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Österloo
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Christina Meikel

(b) Address Independence Mo RR 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N B Langsford

(b) Address Lees Summit Mo

19. (a) 8-7-45 (Date received local registrar) (b) James W Ross (Registrar's signature)

1165

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th year 1945 hour 4 minute 50a M.

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

	Duration
Immediate cause of death Coronary sclerosis	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no
History + Inspection

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 James C Wilkins 2 (M. D. or other) Comm

Address 1427 Sufrin Bldg Date signed 8-6-45

(Licensed Embalmer's Statement on Reverse Side)

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 N. B. Langsford

Licensed Embalmer No. 3833

P. O. Address Lisbon Summit Me

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.