

FILED FEB 7 1946

Registration District No. ....

Primary Registration District No. 3014

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
Her Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 14 Moss Ave (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EFFIE DE YOUNG MEFFERT

3. (b) If veteran, name war none 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 Joseph F. MEFFERT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
Birth date of deceased Jan 21 - 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 18 If less than one day hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John De Young  
13. Birthplace Holland  
14. Maiden name Anna Van Buren  
15. Birthplace Holland

16. (a) Informant Mrs Anna Meffert

(b) Address 14 Moss Liberty Mo

17. (a) Burial (b) Date thereof July 11-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty Mo

18. (a) Signature of funeral director Church - Archer Co

(b) Address Liberty Mo

19. (a) Jan 11, 1946 (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1942, to Jan 9, 1946  
that I last saw her alive on Jan 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition - Gall bladder disease - proctocolitis (antecedent)  
Due to puerperal, peritonitis?

Due to Cerebral Haemorrhage  
left hemiplegia 12 yrs ago  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 830  
Of autopsy Gall bladder disease  
stones

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) (c) Means of injury \_\_\_\_\_

23. Signature Wm H. Goodson (M. D. or other) Address Liberty Mo Date signed 7/9/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-5-46

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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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.**