

S. No. 2  
M-2-43  
7-5-17-39  
X32697

FILED FEB 5 1946

STANDARD CERTIFICATE OF DEATH

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

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
308 Bolivar Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1219 Moreland Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Julia Meisenbach

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

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

6. (b) Name of husband or wife Harry A. Meisenbach 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 3 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 9 16 hr. \_\_\_\_\_ min

9. Birthplace Waddington, N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Doanld Colburn

13. Birthplace Waddington, N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Ryan

15. Birthplace Leavenworth, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Meisenbach

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-21-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director W. P. Harris, M.D.

(b) Address Jefferson City, Missouri

19. (a) 1-21-46 (b) W. P. Harris, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1946 hour 12:15 minute a. M.

21. I hereby certify that I attended the deceased from Dec 17 1945 to Jan 19 1946  
that I last saw him alive on Jan 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to Auricular fibrillation & mural thrombi

Due to Hypertensive heart disease

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

Major findings: Of operations \_\_\_\_\_

Of autopsy gsk

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 W. P. Harris, M.D. (M. D. or other) \_\_\_\_\_

Address Jefferson City, Mo. Date signed 1/21/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

476

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-4-46

FEB 14 1946

FEB 13 1946

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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 Frank P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff 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.