

FILED MAR 6 1946

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higgonsville Mo
(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.

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Higgonsville Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Wilhelmine Charlotte Meiman

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

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

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

7. Birth date of deceased. Oct 13 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 22 hr. min.

9. Birthplace Holstein Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Louis Bissmeyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Ruchert

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

16. (a) Informant Mrs Edward Binneth

(b) Address Higgonsville Mo

17. (a) Buried (b) Date thereof Feb 8 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higgonsville Cemetery

18. (a) Signature of funeral director W Meinershagen

(b) Address Higgonsville Mo

19. (a) Feb 7 - 1946 (b) Clayton H. Landrum
(Data received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb day 5
year 1946 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sept 19 1944 to Feb 5 1946
that I last saw h. w. alive on Feb 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.
Carcinoma of breast with extension to pleura etc - over 2 yrs
Due to chronic nephritis - over 2 yrs
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Operation March 1945 at Ellis Island State Cancer Hospital
Of operations
Of autopsy

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 Keppner (M. D. or other) MD
Address Higgonsville Mo Date signed Feb 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Sanitary Health Officer No. 8,
District Five

Date Filed 3-9-46

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 Ray F. Wiegman

Licensed Embalmer No. 2883

P. O. Address. Higginsville MD

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.