

FILED APR 6 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Eikhorn Township)
(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 _____ (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Amelia Meinershagen

3. (b) If veteran, name war _____ 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 August Meinershagen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 20, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 8 hr. min.

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Anton Wiehardt

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

14. Maiden name Stark

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

16. (a) Informant Walter Meinershagen

(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof 3-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co

(b) Address Warrenton, Mo.

19. (a) March 30 1946 (b) Mrs. Gladys Lettman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1946 hour 11:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 1st
1945 to March 28, 1946
and that death occurred on the date and hour stated above.
that I last saw her alive on March 28, 1946

Immediate cause of death Carcinoma of
liver Duration 3 yrs.

Due to _____

Due to _____

Other conditions Senility + Weakness
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 4/1

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 Walter H. Dyer (M. D. or other) _____

Address Warrenton, Mo. Date signed 4-1-46

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

10940

333

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-5-46

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 John E. Herlinger
Licensed Embalmer No. 4409
P. O. Address Warrenton, 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.