

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. **20396**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2753

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none few min.
(Specify whether)
 In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5431 Virginia
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Johanna MEINHARDT
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
 year 1946 hour 5 minute 55 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joseph H. Meinhardt
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased November 28, 1891
(Month) (Day) (Year)

Immediate cause of death Sub. Acute Myocardial Infarction
 Due to arterio sclerosis
 Due to _____
 Other conditions 83a
(include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

Major findings:
 Of operations _____
 Of autopsy yes - as above
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Wm. Fessler

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

14. Maiden name Christine Schuring

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

16. (a) Informant Mr. Joseph Meinhardt

(b) Address 5431 Virginia, K.C., Mo.

17. (a) Burial (b) Date thereof 6-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody McGilley-Eyler
 (b) Address 1800 E. Linwood Blvd

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) (e) Means of injury _____
 23. Signature J. H. Holman (M. D. or other) _____
 Address 1424 N. W. 1st Date signed 6-20-46

19. (a) 6-20-46 (b) St. Geraldine Holman
(Date received local registrar) (Registrar's signature)

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.....

Russell N. France

Licensed Embalmer No.....

4255

P. O. Address.....

K. C. Mc

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.