

FILED DEC 19, 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

5041

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Ramona City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Research Hospital  
 (If not in hospital or institution, give street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
 (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME AUGUST G. MEINERSHAGEN

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife LOUISE MEINERSHAGEN 6. (c) Age of husband or wife if alive 87 years  
 7. Birth date of deceased MARCH 12 1852  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 8 19 hr. min.

9. Birthplace Holstein, Warren, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name William Meinershagen13. Birthplace Germany  
(City, town or county) (State or foreign country)14. Maiden name Wilhemie Brunkmann15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant A. H. Meinershagen(b) Address Higginsville, Mo.17. (a) Burial, cremation, or removal (b) Date thereof 12-3-46  
(Month) (Day) (Year)(c) Place: burial or cremation Higginsville, Mo.18. (a) Signature of funeral director A. H. Meinershagen(b) Address Higginsville, Mo.19. (a) 12-1-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Rafayette  
 (c) City or town Higginsville 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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
 year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from November 24, 1946 to Dec 1, 1946  
 that I last saw him alive on Dec 1, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Hypertrophy of Prostate & phlebitis

Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)

Major findings: 137a  
 Of operations \_\_\_\_\_

Of autopsy Not done

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 Cummins M. D. or other MD  
 Address 1612 Prof. Bldg. SC 200 Date signed 12-1-46

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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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 *C. M. Merschlager*

Licensed Embalmer No. *10987*

P. O. Address *Hagerman*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.