

FILED MAY 8 1947

Registration District No. 140

Primary Registration District No. 4229

1. PLACE OF DEATH:

(a) County Hawaii
(b) City or town New Franklin
(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 3 yrs in New Franklin years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hawaii 45
(c) City or town New Franklin Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. W. Broadway (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2 April 3, 1943 to April 1, 1947;
that I last saw her alive on January 30, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion 0
Due to Arterio. Sclerosis. 4 yrs
Due to _____

Other conditions Hypertension 4 yrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 M.H. Ziegler (M. D. or other) M.D.
Address Bainville Mo. Date signed 4-2-47

3. (a) PRINT FULL NAME MRS. DENA CAROLINE MEYER.

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

4. Sex Female 5. Color or race white 6. (c) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Jan. 4 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Denkey, Warrick Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name William Offel 4

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

14. Maiden name Genie Baurister

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

16. (a) Informant Mrs. Wilma Schler

(b) Address New Franklin, Mo.

17. (a) Repossession (b) Date thereof April 4 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Burial

18. (a) Signature of funeral director C. S. Deussen

(b) Address New Franklin Mo.
19. (a) 4-2-47 (b) Mrs. Lee Roseman (Date received local registrar) (Registrar's signature) 100

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

MOTHER FATHER

RECEIVED

District Health Officer

District File Number

Date Filed 5-7-47

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 *J. G. Hall*

Licensed Embalmer No. 3515

P. O. Address *New Franklin 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.