

FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13996

State File No. _____

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: 19th Lafayette
(d) Length of stay: In hospital or institution: Life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Lexington
(d) Street No. 19 Lafayette
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA LEE MENG

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years 10 1864 (Day) (Year)

8. AGE: Years 82 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Dover MO (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Samuel Meng
13. Birthplace Va (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Harrison
15. Birthplace Columbia MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Peyton Gabb

(b) Address Lexington, MO

17. (a) Burial (b) Date thereof 1-14-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, MO

18. (a) Signature of funeral director Ernest Stumpel

(b) Address Lexington, MO

19. (a) 23 March 47 (b) Registrar's signature (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1/14/47 to 1/13/47 that I last saw him alive on 1/12/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial infarction of a chronic hypertensive

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 [Signature] (M. D. or other) _____ Date signed 1/13/47

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

54
3
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Page

RECEIVED

District Health Officer No. 8,

District File Number 4-23-47

Date Filed 4-23-47

MAY 17 1948

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 Geo. McKeon

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.