

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17943

FILED MAY 22 1947

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town: Lebanon Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon R# 3 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Joseph Meeth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/23
1947 to 4/23 1947
that I last saw him alive on _____ 19_____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. Meeth

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept. 14 1870
(Month) (Day) (Year)

Immediate cause of death D.O.A.
Coronary Occlusion

Due to _____

Due to _____

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

Major findings: 94A
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Joseph Meeth

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

14. Maiden name unknow

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

16. (a) Informant Mrs. Mary E. Meeth

(b) Address Lebanon R# 3

17. (a) Burial (b) Date thereof 4-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon, Mo.

19. (a) May 17, 1947 (b) Old Frankenburg
(Date received local registrar) (Registrar's signature)

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)

While at work? _____ (e) Means of injury _____

23. Signature W. J. W. W. W. (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 4/28/47

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

MOTHER FATHER

Received 5/20/47

Laclede County Health Unit

File No. 4-47-81

Date Filed 5/21/47

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 Dorsey M Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.