

FILED SEP 24 1947

State File No. _____

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1321 E. 13th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Fred J. Meints

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

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

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

7. Birth date of deceased April - 12 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 4 11 hr. _____ min.

9. Birthplace Adams Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name John Meints

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Meints

(b) Address 10217 E. 10th Kansas City, Mo

17. (a) Burial (b) Date thereof 8-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Mc Laughlin Bros

(b) Address Sedalia, Mo

19. (a) 8-25-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1321 E. 13th 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 23
year 1947 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from 2 AUGUST 17 1947 to AUGUST 23 1947
that I last saw him alive on AUGUST 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to CHRONIC NEPHRITIS

Due to ARTERIOSCLEROSIS, CHRONIC

Other conditions CEREBRAL HAEMORRHAGE - lwk -
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none 13/13

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)
23. Signature Dr. Lonan Keuffel (M. D. or other) MD
Address Sedalia, Missouri Date signed 8-23-47

(Licensed Embalmer's Statement on Reverse Side)

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

70
6
4

MOTHER FATHER

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

died 11 A.M. Aug. 23-17

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-23-17

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 RPM Crary
Licensed Embalmer No. 3153
P. O. Address Sedalia 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.