FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36748

Registrar's No. 4597

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wk (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Mrs Chas Meyers
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~
6. (b) Name of husband ~~or wife~~ Chas Meyers
6. (c) Age of husband ~~or wife~~ if alive 65 years
7. Birth date of deceased 7 (Month) 31 (Day) 1897 (Year)

8. AGE: Years 51 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Higginsville (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Herman S Chaes
13. Birthplace St Charles County Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Ploeger
15. Birthplace Warren County Mo (City, town, or county) (State or foreign country)
16. (a) Informant Charley Meyers
(b) Address Higginsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo
18. (a) Signature of funeral director Roy F Wiegers
(b) Address Higginsville Mo
19. (a) 11-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1948 hour 4 minute 10 P M.
21. I hereby certify that I attended the deceased from 10/26, 1948, to 11-9, 1948;
that I last saw her alive on 11-9, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Concurrent Bronchial pneumonia	1 day
Due to Hypertensive Cardiac failure	7 days
Due to Jaundice of Birds dusty from obstruction by lymph gland	3 weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations as above
Of autopsy none 93 D

PHYSICIAN
Underline the cause of 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?
John T. Skinner (Specify type of place)
While at work? (e) Means of injury
23. Signature John T Skinner (M. D. or other) MD
Address 11 B 2 Grand R. C Mo Date signed 11/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

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

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