

FILED SEP 9 1949
Registration District No. 1849

Primary Registration District No. 4294

State File No. _____

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Sibley, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community all his life
years, months or days

3. (a) PRINT FULL NAME Carl Francis Meuth

3. (b) If veteran, name war NO
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Arnold Dena Meuth
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 8 23 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 19 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name John Meuth

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

14. Maiden name Margaret Kasper

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

16. (a) Informant Mrs. Frank Meuth (wife)

(b) Address Sibley Mo

17. (a) Burial (b) Date thereof 7-14-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood Mo.

18. (a) Signature of funeral director W.R. Dammond

(b) Address Sibley Mo

19. (a) 8/15/49 (b) Mrs. J. C. Dargatzis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Sibley Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. X X (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country X X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1949 hour 1 minute 30 A.

21. I hereby certify that I attended the deceased from March
March 12, 1949, to July 10, 1949;
that I last saw him alive on July 12, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis - 1 hour

Due to _____

Due to _____

Other conditions Perilous Anemia 7 years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4/5/49

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)
(a) Means of injury _____

23. Signature T.M. [unclear] (M. D. or other)

Address Sibley Mo Date signed 7-14-49

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

MOTHER FATHER

RECEIVED
9-6-49
District Health Officer No. 9,
District File Number

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. P. Hammond

Licensed Embalmer No. 2251

P. O. Address Sibley, 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.