

No. 30  
10. 48

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

FILED AUG 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28121

BIRTH NO. --- REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4222 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Waverly		c. CITY OR TOWN Malta Bend	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 weeks		e. STREET ADDRESS (If rural, give location) Streets not numbered	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic			

3. NAME OF DECEASED (Type or Print) Walter William Meinershagen			4. DATE OF DEATH August 7, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 24, 1878		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months 4 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith Shop		11. BIRTHPLACE (City and State or Foreign Country) Higginsville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Meinershagen		13b. MOTHER'S MAIDEN NAME Matilda Brune		14. NAME OF HUSBAND OR WIFE Emma Flair Meinershagen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Meinershagen	
				ADDRESS Malta Bend	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lymphatic Leukemia		ANTECEDENT CAUSES		7-14-54	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		To 8-7-54	
		DUE TO (c) Myocarditis chronic		Since 1944	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 10, 1953, to 8-7, 1954, that I last saw the deceased alive on 8-7, 1954, and that death occurred at 5a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hester Kelling M.D.		23b. ADDRESS Waverly Mo		23c. DATE SIGNED 8-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Blackburn cemetery	
				24d. LOCATION (City, town, or county) (State) Blackburn, Mo.	

DATE REC'D BY LOCAL REG. Aug 9 1954		REGISTRAR'S SIGNATURE Clayton H Landrum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.	
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AUG 30 1955

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~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James H. Lewis Jr.*

Licensed Embalmer No. *4709*  
P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.