

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 189

Registration District No. 137 Primary Registration District No. 3023

42
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton mo
(d) Street No. 619 E Franklin
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Katherine Lucile Meyer
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3
year 1942 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from July 1, 1942 to Oct 3, 1942
that I last saw her alive on Oct 3, 1942
and that death occurred on the date and hour stated above.

4. Sex F
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 4 1915
(Month) (Day) (Year)

Immediate cause of death Pulmonary T. B.
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

8. AGE: Years 27 Months 1 Days 29
9. Birthplace Palco mo
10. Usual occupation house work

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

MOTHER FATHER
11. Industry or business
12. Name Char De Guffenreig
13. Birthplace Palco mo
14. Maiden name Gene Coffey
15. Birthplace Palco mo
16. (a) Informant Mrs Char Guffenreig
(b) Address Clinton mo RR
17. (a) Burial, cremation, or removal Burial
(b) Date thereof 10/7-42
(c) Place: burial or cremation Birren Creek Palco
18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton mo
19. (a) Oct. 7 1942 Georgia Vitaher
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Walker (M. D. or other)
Address Clinton mo Date signed 10-4-42

RECEIVED

District Health Officer No. 7

District File Number 11-42-1183

Date Filed 11-6-42

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

J. E. Conrader

Licensed Embalmer No. 1891

P. O. Address

Clinton

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.