

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7227
 Do not use this space.

1. PLACE OF DEATH
 (a) County Lin Registration District No. 303
 (b) Township Parson-Creek 2 Primary Registration District No. 4306
 (c) City Meadville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Jackson German
 (a) Residence, No. Meadville Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (or) WIFE OF Mary Todd German

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1854

7. AGE YEARS 85 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired merchant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Knox Co.
 (STATE OR COUNTRY) Illinois

FATHER
 13. NAME Henry German
 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Polly Garrison
 16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

17. INFORMANT Mr. J. A. German
 (ADDRESS) Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Yates City, Ill. DATE 2-14 1940

19. FUNERAL DIRECTOR Smiley Funeral Home
 (ADDRESS) Wheeling, Mo.

20. FILED 2-13 19 40 Et Weir
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1940, to 2-13 1940.
 I last saw him alive on 2-13 1940. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
MYOCARDIAL FAILURE
PULMONARY EDEMA
ARTERIO SCLEROSIS
SENILITY

Date of onset _____

Other contributory causes of importance:
ARTERIO SCLEROSIS
SENILITY

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify J. N. Hanson D.O.
 (Signed) _____
452 (Address) Meadville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 340-203
Date Filed MAR 4 1940

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Frank R. Smiley

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7227
Registrar's No. 117

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 503

Primary Registration District No. 4306

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Meadville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Meadville
(If outside city or town limits write "RURAL")
(d) Street No. Rayward
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME

Andrew Jackson Herman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13
year 1940 hour _____ minute _____ M.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 85 Months 8 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

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

Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-13-1940 E J War
(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? (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)
(e) Means of injury _____

23. Signature S H Hanson (M. D. or other) _____

Address Meadville _____ Date signed _____

SUPPLEMENTAL

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

S-7227