

FILED MAR 26 1942

Registration District No. _____

Primary Registration District No. 2280

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Liberty
 (c) Name of hospital or institution: J. D. O. T. Home Hospital
 (d) Length of stay: In hospital or institution _____
 In this community 16 years seven months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
 (c) City or town Liberty
 (d) Street No. 100 E. Horn
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
 year 1942 hour 11 AM minute 30 M.
 21. I hereby certify that I attended the deceased from July 7, 1925
to Dec 15, 1942, to _____, 19____;
 that I last saw her alive on February 15, 1942
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Henrietta Biese Meyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 7 1861
 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
 13. Birthplace _____
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Rogers

(b) Address 100 E. Horn

17. (a) Burial (b) Date thereof 2 17 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director W. L. Ladd

(b) Address 119 E. Franklin St. Liberty Mo

19. (a) 2-17-42 (b) Melen Early
 (Date received local registrar) (Registrar's signature)

Immediate cause of death _____
 Due to Serwility
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 1628
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury 1
 23. Signature Dr. H. F. Matthews by S. Blake Forsho
 Address Liberty Missouri Date signed 2-15-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

10-51730-1 West

RECEIVED

District Health Officer No. 8,

File Number

3-13-42

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.....

D. J. Gardner Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty 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, above space should be left blank.