

STANDARD CERTIFICATE OF DEATH

26646

State File No.

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Cole Camp Sum
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 51 years (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME: Miss Mildred Maria Meyer

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased July 27th 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>0</u>	<u>16</u>	hr. _____ min.

9. Birthplace Morgan County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Maid

11. Industry or business _____

MOTHER FATHER { 12. Name Henry T Meyer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Sena Bauer

15. Birthplace Richland Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry M Meyer

(b) Address Cole Camp

17. (a) Burial (b) Date thereof Aug 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Memorial

18. (a) Signature of funeral director E. E. Eickhoff

(b) Address Cole Camp Missouri

19. (a) Aug. 14, 1942 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 8

(a) State Missouri (b) County Benton 0

(c) City or town Cole Camp 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1942 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 23 1942
to Aug 13 1942
that I last saw her alive on August 13th 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Operated Adhesions with Volvulus
Duration 7 hrs.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 3 ft. gangrenous ileum removed Massive Adhesions

Of operations _____

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? 0

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature J. D. Bennett (M. D. or other) MD
Address Cole Camp, Mo Date signed 8-14-42

RECEIVED

District Health Officer No. 74

District File Number 9-42-937

Date Filed 9-3-42

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Missouri

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.