

FILED SEP 14 1946

Registration District No. **224**

Primary Registration District No. **3052**

Registrar's No. **367**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1321 East 13th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Reiner C. Meints**

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

4. Sex **Male** 5. Color or face **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 **Sept. 21 1896**
(Month) (Day) (Year)

8. AGE: Years **49** Months **11** Days **9** If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business

12. Name **Fred J. Meints**

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

14. Maiden name **Etta Hartwig**

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

16. (a) Informant **Mrs. John O. Bergman**

(b) Address **1500 E. 13th-Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 2, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **Bernice Ewing**

(b) Address **Sedalia, Mo.**

19. (a) **9/2/46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1321 East 13th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **29**
year **1946** hour **11** minute **P.** M.

21. I hereby certify that I examined the deceased from **as follows**
8/30, 19**46**, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Cirrhosis of liver

Due to **Chronic Alcoholism**

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 1. 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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **H. L. Holden** (M. D. or other) **D. A.**
Address **215 E. 13th Sedalia, Mo.** Date signed **8/30/46**

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

80

4

20795

80

6

4

0

124A

course

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

9-17-46

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 _____

Ralph E. Baker

Licensed Embalmer No. _____

2419

P. O. Address _____

Seaside 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, fact should be so stated above.