

FILED NOV 20 1946

State File No. _____

Registration District No. 270

Primary Registration District No. 6152

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural (Liberty)
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

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

(d) Street No. R.F.D. # 4, Dexter, Mo. 0
(If rural, give location)

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

3. (a) PRINT FULLNAME Marie Louise Mekan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1946 hour 5 minute 0 P. M.

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

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

7. Birth date of deceased July 29 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1945 to Oct 28, 1946
that I last saw h. ER alive on 10 28, 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Cancer of the Digestive organs 2 yrs

Due to _____

Due to _____

9. Birthplace St. Louis Missouri 1
(City, town, or county) (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Johan Fredrick Klotsch

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

14. Maiden name Charlotte W. Steinback

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

Major findings: Of operations _____

Of autopsy 4/6 M

16. (a) Informant Frank Mekan

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

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? _____

18. (a) Signature of funeral director Dexter Rainey

(b) Address Dexter, Missouri

19. (a) Nov. 8-46 (b) Lottie Jefferson
(Date received local registrar) (Registrar's signature)

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

23. Signature F. O. Kelly D. P. (M. D. or other)
Address Barnes Mo Date signed 11-1-46

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

RECEIVED

District Health Office No. 2

District File Number 1146-1325

Date Filed 11-12-46

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.....

Licensed Embalmer No. 3479

P. O. Address..... W. H. M.

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.