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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28990

FILED OCT 4 1948
Registration District No. 42 Primary Registration District No. 5133 Registrar's No. 1019

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Route# 1 Marion Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clarksdale Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution .... In this community 70 Yrs. 11 Mo. 18 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural Route #1 Marion Twp. (If outside city or town limits, write "RURAL")
(d) Street No. N.E. of St. Joseph Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Meister
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased October 6, 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	70	11	18	....hr. ....min.

9. Birthplace Andrew Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name Adolph Meister
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Hart
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Fred Meister
(b) Address Route # 1 Clarksdale Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hurlinger Most Marys Cemetery
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union Str. St. Joseph Mo.
19. (a) 9-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1948 hour 7 minute A.M.
21. I hereby certify that I Viewed the deceased On Sept. 24th, 1948 to ...., 19.....
that I last saw h..... alive on ...., 19.....
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN: Underline the cause of which death should be charged statistically.

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. W. Tadlock Coroner M. D. or other
Address King Hill Bldg. St Joseph, Mo Date signed 9/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Max W. Rickering, Registered Apprentice No. 278, working under my personal supervision.

Signed Robert L. Yeple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.