Meier, Elizabeth Kemphaus Dickman 1869 - 1942

Kentucky Post – March 9, 1942

MEIER—Elizabeth (nee Kemphaus), beloved wife of Ben Meier, Saturday, March 7, 1942, at her home, 508 Grand-av, Forest Hills, Ky., age 75 years. Funeral Tuesday, March 10, from John N. Middendorf Sons Funeral Home at 8:30 a. m. Requiem High Mass at St. Anthony's Church at 9 a. m. Interment St. John's Cemetery.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 6975
Registrar's No.

Registration District No. 791
Primary Registration District No. 6781

1. PLACE OF DEATH:
(a) County Kenton
(b) City or town Forest Hills - Cov. Ky. (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 508 Grand Ave (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kenton
(c) City or town Forest Hills (If outside city or town limits, write RURAL)
(d) Street No. 508 Grand Ave (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Elizabeth Meier
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex F
5. Color or race W
6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife Ben Meier
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Oct (Month) 1 (Day) 1866 (Year)
8. AGE: Years 75 Months 5 Days 6 If less than one day hr. min.
9. Birthplace Madison Indiana
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Alfons[?] Kemphaus
13. Birthplace Germany
MOTHER 14. Maiden name Caroline Duse[?]
15. Birthplace Germany
16(a) Informant's own signature Ben Meier
(b) Address 508 Grand Ave.
17. BURIAL, CREMATION OR REMOVAL
Place St John Date March 10 1942
18(a) Signature of funeral director J.N. Middendorf Son
(b) Address 9?? Main St.
19(a) MAR 9 1942 (Date received by local registrar) (b) Paul C. Williamson (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH March 7th 1942
21. I hereby certify that I attended the deceased from 2/27 1942 to 3/7 1942 that I last saw her alive on 3/7 1942 and that death occurred on the date stated above at 6:15 P. M.
Immediate cause of death Cerebral Hemorrhage — DURATION
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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? In or about home, on farm, in industrial place, in public place? (Specify type of place)
(d) While at work? (e) Means of injury
23. Signature Herbert F Bieber M.D. (M. D. or other)
Address 3937 Decoursey Covington Ky Date signed 3/9/42.