REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14125

Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 80
(b) Township Center, Primary Registration District No. 5719 Registered No.
(c) City (d) Street No. 5 Mi. S. E. of St. Joseph, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Meinema, 550
(a) Residence, No. R.F.D.# 4, St. Joseph, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Meinema,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 28, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	5	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
10. Date deceased last worked at this occupation (month and year) April 1938,
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago, Illinois,

FATHER
13. NAME: George Meinema,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Holland,

MOTHER
15. MAIDEN NAME: Johanna Vanderlin,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Holland,

17. INFORMANT (ADDRESS): Mrs. Jacob Meinema R.F.D.# 4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove Cem. DATE April 9th 1938

19. FUNERAL DIRECTOR (ADDRESS): Heaton-Belgale & Bowman St. Joseph, Mo. Funeral Home

20. FILED Apr. 8 1938 Mrs. Lucy Powell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7th, 1938, to April 7th, 1938
I last saw him alive on Apr. 7th, 1938. Death is said to have occurred on the date stated above, at 10:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) G. W. Tadlock, M. D.
(Address) King Hill Bldg,

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summergrad, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self. April 6, 193

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summergrad

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)