REC'D JUL 12 1938

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

21151
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2601
(c) City Kansas City — (d) Street No. 1305 West 49th St. 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Sarah Ann Meek 200
(a) Residence, No. 1305 West 49th St. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF James M. Meek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1861

7. AGE: Years 76 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME William Denny
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Margaret Storm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs. C. E. Brown
(ADDRESS) 1305 West 49th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia, Kas. DATE 6/29/38, 19

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED 6-28, 1938 M M Crear (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to June 27, 1938
I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 8 30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease - Arteriosclerotic nephritis with terminal uremia 50	May 1938

Other contributory causes of importance:
Recurrent metastases of carcinoma of R. Breast — Mar 1936

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) Joseph E. Welch, M. D.
(Address) 836 Professional Bldg Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

J. Lauren Freeman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. Lauren Freeman

Licensed Embalmer No. 2939

P. O. Address K. O. M

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

If this body is not embalmed, above space should be left blank.