

REC'D DEC 16 1938

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

29304

Do not use this space.

1. PLACE OF DEATH

(a) County Kentucky Registration District No. 365
 (b) Township Wheatland Primary Registration District No. 5511 Registered No. 11
 (c) City Wheatland Mo (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

360 Newton J Meador
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Elizabeth Meador
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5, 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 - 27

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. Farmer
 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) Illinois

FATHER 13. NAME Jedidiah Meador

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Tabitha Finch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lora Meador

18. BURIAL, CREMATION, OR REMOVAL PLACE Gerber's DATE 10/3 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Luckey

20. FILED 10/3 1938 Mrs. A. S. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-23 - , 1938, to Oct-2 - , 1938

I last saw him alive on Oct-1st, 1938. Death is said to have occurred on the date stated above, at 3:45 a m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 9-27-38

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Physic 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) A. S. Johnston, M. D.

(Address) Wheatland Mo

STATEMENT TO BE MADE BY THE EMBALMER
CONTAINING DATA TO BE USED
IN THE DEED OF BURIAL

RECEIVED

District Health Officer No. 7,

District File Number 7-38-552

Date Filed 12-10-38

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

JR Lucky

Licensed Embalmer No. 2982

P. O. Address

Wheatland

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, above space should be left blank.