REC'D FEB 21 1939

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

1632
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 30
(c) City ST. JOSEPH, (d) Street No. 1419 OLIVE 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. ELLA M. MEEK
(a) Residence, No. 1419 OLIVE STREET, 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 WILLIAM J. MEEK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 12, 1848

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
90	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. 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) MT. VERNON KENTUCKY

FATHER
13. NAME UNKNOWN KIRTLEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. A. G. MEEK
(ADDRESS) 1410 OLIVE ST. ST. JOSEPH,

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PK. CEM. DATE JAN. 12, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED Jan 14, 1939 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 10, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Jan. 10, 1939
I last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset July 1936
Atheroma of Cerebral Vessels

Other contributory causes of importance: 97

Name of operation no — 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) Gordon D. Wright MD, M. D.
(Address) 845 So. 19th St. Saint Joseph, 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, JOHN E. RUPP

....., or by .....

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

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 1946 COLHOUN ST. ST. JOSEPH, MISSOURI.

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

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