REC'D FEB 15 1939

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

Do not use this space. 2137

1. PLACE OF DEATH
(a) County DeKalb. Registration District No. 259
(b) Township Camden. Primary Registration District No. 4158 Registered No.
(c) City Maysville. (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 280 Banjamin Franklin Meek.
(a) Residence, No. 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*): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Daisy W. Meek.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1846.
7. AGE: Years 92 Months 3 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant.
9. Industry or business in which work was done, as saw mill, bank, etc.
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 COUNTY) DeKalb County, Missouri.

FATHER
13. NAME Richard Meek.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown.

17. INFORMANT (ADDRESS) Howard Meek, Maysville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn Cem. DATE January 25, 39.
19. FUNERAL DIRECTOR (NAME) U. G. Pilcher. (ADDRESS) Maysville, Mo.
20. FILED 2-1 1939 Ethel H. Bone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1939.
22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939, to January 23, 1939.
I last saw him alive on January 23, 1939. Death is said to have occurred on the date stated above, at 4:20a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic.	(?)

Other contributory causes of importance:
Arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) M. D.
(Address) Maysville, Mo.

(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 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.....

Licensed Embalmer No. 3960.

P. O. Address Maysville, Mo.

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

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