

1937 AUG 11 1939

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

25067
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001
(c) City St Joseph (d) Street No. 1721 No 2 St.
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 1721 No 2 St. MEECE
(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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Meece

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 3 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) June 1939 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unit Iowa

13. NAME Isaiah Meece

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unit Iowa

15. MAIDEN NAME Elyza Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unit Iowa

17. INFORMANT (ADDRESS) Mrs. Hazel Edwards St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE July 18 1939

19. FUNERAL DIRECTOR (ADDRESS) Roy Stambrey St Joseph Mo

20. FILED July 16 1939 D J Muehlbach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939

22. I HEREBY CERTIFY That I attended deceased from July 11 1939 to July 15 1939
I first saw her alive on July 11 1939 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Complete cessation of cardiac function
Pre disposing factor was ofocal embolus
Cholecystitis
Other contributory causes of importance: 127 162

Name of operation Cholecystectomy Date of 7-10-39
What test confirmed diagnosis? Cholecystitis 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 no
(Signed) G. C. Stevenson M.D.
(Address) 501 3 Francis

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, John H. Hurley, Licensed Embalmer No. 4050

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. 4050

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.)