

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36353

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution St. Johns Hospital
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 416 N. Byers
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Maude Carey Meredith
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex Fem 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife R. L. Meredith
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 27 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 0 hr. min.

9. Birthplace Prarie Home Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business SAME

MOTHER FATHER { 12. Name Calvin Carey
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Matilda Miller
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Aug J. Meredith
(b) Address 401 Travis Bldg Joplin Mo

17. (a) Burial (b) Date thereof Oct. 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Funeral Home Co.
(b) Address _____

19. (a) 10-30-39 (b) Ed D. Jarney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1939 hour 9 minute 25 AM.
21. I hereby certify that I attended the deceased from Sept 23-39
to Oct 27, 1939.
that I last saw her alive on Oct 27, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 5 wks

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____
(e) Means of injury _____

23. Signature Aug J. Meredith (M, D, or other) _____
Address 401 Travis Bldg Joplin Mo Date signed Oct 30-39

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2300

Date Filed NOV 9 1939

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

[Handwritten Signature]

Licensed Embalmer No. 95-9

P. O. Address [Handwritten]

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.