

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

18328

Registration District No. 5402

Primary Registration District No. 283

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Franklin Mo.  
 (b) City or town Cardwell Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days 633

8. (a) PRINT FULL NAME WILLIAM THOMAS MEREDITH  
 8. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minerva Jane Meredith (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased 12 25 1867  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 2 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
 12. Name DK  
 13. Birthplace DK  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mida Meredith  
 15. Birthplace Harrisonville Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
 (b) Address Leachville, Ark R. 3  
 17. (a) Burial (b) Date thereof 3-9-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cardwell Cemetery  
 18. (a) Signature of funeral director J. B. Gregg, Son  
 (b) Address Monette, Ark  
 19. (a) 3-9-40 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Franklin  
 (c) City or town Cardwell, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Buffalo (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 3 day 7  
 year 1940 hour 11:20 A minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 2-1-40  
 \_\_\_\_\_, 19\_\_\_\_, to 3-7- \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him alive on 3-6-40 \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration \_\_\_\_\_  
 Due to Debility 51

Due to \_\_\_\_\_  
 Other conditions Carcinoma of Prostate  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
257 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Chas. F. Norris (M. D. or other) [Signature]  
 Address Leachville, Ark Date signed 3-9-40

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. 2,

District File Number 540-106

Date Filed 5/27/40

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**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.....

P. O. Address.....

**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.**