

Registration District No. 784

Primary Registration District No. 106

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

Registrar's No. 1236

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY  
(b) City or town KIRKWOOD 3  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
U S MARINE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 DAYS  
(Specify whether \_\_\_\_\_)  
In this community SAME  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State KENTUCKY (b) County X  
(c) City or town MAYFIELD  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JAMES VORIS MEADOWS 320

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ wife MAGGIE MEADOWS 6. (c) Age of ~~husband~~ wife if alive X years

7. Birth date of deceased MARCH 26 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 3 4 X hr. X min.

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

10. Usual occupation DECKHAND

11. Industry or business STEAMBOAT

12. Name WILLIAM MEADOWS (PATRIOT)

13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name CAMMIE WATSON

15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES MEADOWS

(b) Address MAYFIELD KY.

17. (a) REMOVAL (b) Date thereof JULY 1 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation MAYFIELD KY

18. (a) Signature of funeral director C. R. LUPTON SONS

(b) Address 7233 DELMAR BLVD

19. (a) JUN 30 1940 (b) J. R. MURPHY  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30  
year 1940 hour 10 minute 04 A.M.

21. I hereby certify that I attended the deceased from JUNE 12 1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to JUNE 30 19 40

that I last saw HIM alive on JUNE 30 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to RENAL CALCULUS MULTIPLE

BILATERAL PYELITIS

Due to HYONEPHROSIS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: CALCULI PYELITIS

Of operations \_\_\_\_\_

Of autopsy X

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)

23. Signature C. Y. BAILEY (M. D. or other) \_\_\_\_\_

Address 66 MARINE HOSP. KIRKWOOD MO. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Bradford A Miles*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*2901  
St Louis*

**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.**