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FILED SEP 1 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29983

State File No.

Registration District No. 875

Primary Registration District No. 6167

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Vernon West Top Ohio

(b) City or town Nevada

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2yrs 2mo 91day
(Specify whether)

In this community 1-2-37
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kaubs City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2900 Prospect
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CLATE MEREDITH

3. (b) If veteran, name war Not known

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1940 hour 4 minute 45 A.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 23rd 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 24th 1939 to August 22nd 1940 that I last saw him alive on Aug 22nd 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 10 29 hr. min.

Immediate cause of death Arterio Sclerotic Heart Disease

Due to _____

Due to _____

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

10. Usual occupation Brick layer

Other conditions Gen. Arterio Sclerosis
(Include pregnancy within 3 months of death)

Psychosis due to Cerebral arteriosclerosis PHYSICIAN

11. Industry or business _____

MOTHER FATHER { 12. Name George Meredith

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

14. Maiden name Amanda Ralton

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

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital No 3 Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 8/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wauson, Mo

18. (a) Signature of funeral director Martha Beckinger

(b) Address Nevada, Mo

19. (a) Aug 22 1940 (b) Albert W. Hoops
(Date received local registrar) (Registrar's signature)

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 G. S. Waraich (M. D. or other) _____

Address State Hospital No 3 Date signed 8/22/40

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.....

Frank E. Eisinger

Licensed Embalmer No.....

2656

P. O. Address.....

Nevada, Mo.

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.