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State File No. _____

REC'D OCT 18 1940

Registration District No. 104

Primary Registration District No. _____

Registrar's No. 5558

1. PLACE OF DEATH:

(a) County Jackson, Wash. Ter.
(b) City or town Grandview, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grandview, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 3
(Specify whether
In this community one day.
years, months or days)

3. (a) PRINT FULL NAME Geraldine Lee Meade,

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Child. 6. (c) Age of husband or wife if alive x years
7. Birth date of deceased October 29, 1931.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 11 3 hr. _____ min.

9. Birthplace: Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation child, 0

11. Industry or business x n

MOTHER FATHER { 12. Name Clarence Loyed Meade,
18. Birthplace Missouri,
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Lee Osborne,
15. Birthplace Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Loyed Meade,
(b) Address Eldorado Springs, Mo.
17. (a) Removal, (b) Date thereof 10-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Stine & McClure, 3
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-7-40 (b) R. V. Turkey & Sons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Cedar Co.,
(c) City or town Eldorado Springs,
(If outside city or town limits, write "RURAL")
(d) Street No. Missouri,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st,
year 1940, hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that Deputy Coroner was alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death 2 1/2 x 3 1/2 Degree Burns Body
Roach Caught Fire
Due to No. Confagration
Other conditions (Include pregnancy within 3 months of death) 10/1

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) Accident
(b) Date of occurrence 10-1-40
(c) Where did injury occur? Broadway Cedar Ter
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Russell (M. D. or other) 5
Address _____ Date signed _____

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

Coroner

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. 1415

P. O. Address K. C. 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.