

Registration District No. 235

Primary Registration District No. 3034

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harold Wayne Meck

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Sept 9 1940
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Harold Meck
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Vallye Page
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Harold Meck

(b) Address Moberly

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

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahana Son

(b) Address Moberly Mo

19. (a) Sept 17-40 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1940 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Sept 9
1940 to Sept 17 1940
that I last saw him live on Sept 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature infant
Due to _____
(Miscarriage at approximately 6 1/2 months)
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 159
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? 995
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Mark D. Hunter (M. D. or other) M. D.
Address Moberly Mo Date Sept 17 1940

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1985

Date Filed OCT 24 1940

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.