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13-40
7-39
X235

DEC 18 1940
Registration District No. 674

Primary Registration District No. 4375

Registrar's No. 26

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Hopkins
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 yrs. years, months or days) _____

3. (a) PRINT FULL NAME CHARLE COLUMBUS MEADOWS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W 6. (a) Single, ~~widowed~~, ~~married~~, divorced, ~~divorced~~
6. (b) Name of husband or wife Daisy Meadows 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb 21 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 24 hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business

12. Name Enoch P. Meadows
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Ellen Tate
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant W E Meadows

(b) Address Hopkins Mo.

17. (a) Rural (b) Date thereof Nov 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilcox Mo.

18. (a) Signature of funeral director John W. Price

(b) Address Marionville Mo.

19. (a) 11/16/40 (b) St. Sailer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Hopkins
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1940 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7/1 1940 to 11/14 1940
that I last saw him alive on 11/13/40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion & aneurysm pectoris

Due to Sclerosis of Coronary arteries

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9412

Major findings: Of operations _____

Of autopsy _____

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? 555

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Hopkins Date signed 11/16/40

Duration

1 year

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.....

John W. Price
Licensed Embalmer No. *3229*

P. O. Address *Maryville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.