

No. 2
4-13-40
5-17-39
I X2312

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 346

1. PLACE OF DEATH Callaway
 (a) County Callaway
 (b) City or town Fulton
 (c) Name of hospital or institution: State Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1 YR 1 mo. 22 days
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Pike
 (c) City or town Eolia
 (If outside city or town limits, write "RURAL")
 (d) Street No. NONE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Meriwether
 (b) If veteran, name war _____
 (c) Social Security No. NOT KNOWN

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 22
 year 1940 hour 9 minute 30 A M.

4. Sex Female 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 MARCH 4 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct-31, 1939 to Dec-22, 1940
 that I last saw h. ER alive on Dec-22, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 18
 If less than one day _____ hr. _____ min.

Immediate cause of death: Hypostatic Pneumonia
 Due to Fracture of left femur from accidental fall in hospital
 Duration 3 days
9 days

9. Birthplace Pike County MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation NONE

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Intertrochanteric fracture of left femur
 Of autopsy: Same as in clinical diagnosis

MOTHER, FATHER { 11. Industry or business _____
 12. Name H. J. Meriwether
 13. Birthplace DK VIRGINIA
 (City, town, or county) (State or foreign country)
 14. Maiden name Laura Easton
 15. Birthplace Pike County MO
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital #1, Records
 (b) Address Fulton, MO.
 17. (a) _____ (b) Date thereof DEC-24-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Dec. 13, 1940
 (c) Where did injury occur? Fulton, Callaway, MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital #1, Fulton, MO

18. (a) Signature of funeral director Wm. J. Bennett, Eolia, MO
Wm. J. Bennett, Eolia, MO
 (b) Address Eolia, MO
 19. (a) DEC. 23/40 (b) R. N. Cress
 (Date received local registration) (Registrar's signature)

23. Signature George Wood (M. D. or other) _____
 Address _____ Date signed _____

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

14
2
2

2362

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Thomas E. Gooch*

Licensed Embalmer No. *R342*

P. O. Address *Colin, 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, fact should be so stated above.