

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 372

Primary Registration District No. 4218

Registrar's No. 1059

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Mound City
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town Mound City
(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.

3. (a) PRINT FULL NAME Sarah Ann Meek
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 6
 year 1941 hour 10 minute _____ M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 (b) Name of husband or wife Tom Meek
 (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 15 1940
Jan 6 1941, to Jan 6 1941
 that I last saw her alive on Jan 5 1941
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan 7th, 1862
(Month) (Day) (Year)

Immediate cause of death Asthma Duration 20 years

8. AGE: Years 78 Months II Days 30
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

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

10. Usual occupation House work

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Joseph Miller
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. F. B. Levy
 (b) Address Mound City, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan. 8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

18. (a) Signature of funeral director W. J. Quinford
 (b) Address Mound City, Mo.

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

19. (a) 1-541 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature D. B. Perry (M. D. or other) M.D.
 Address Mound City, Mo. Date signed 1-8-41

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..... *A. Campbell*.....
Licensed Embalmer No. *1824*
P. O. Address *Mound City W.*

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.