

EU MAR 19 1941 775

Registration District No.

Primary Registration District No.

6020-a

Registrar's No.

13

1. PLACE OF DEATH:

(a) County St. Francois Co.
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre 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 Carrie Sophie Meadows

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Nov. 3 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>68</u> | <u>3</u> | <u>2</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name James Lindsey
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Melgine Lindsey
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature I. S. Meadows

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof Feb. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois

18. (a) Signature of funeral director C. J. Boyer

(b) Address Desloge, Mo.

19. (a) 2-7-41 (b) H. W. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(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 Feb. day 5
year 1941 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from July 1939 to Feb 5 1941; that I last saw her alive on 2-4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans Duration 2 yrs

Due to arterio sclerosis general
Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) 1210

Major findings: Of operations _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Desloge, Mo. Date signed 2/10/41

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

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.

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.....

C. J. Bayler

Licensed Embalmer No.....

1671

P. O. Address.....

Deer Lake 9110

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.