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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14656

Registration District No. 328 Primary Registration District No. 5464 Registrar's No.

40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Brimson Taylor twp
(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 173 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Brimson 0
(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 Laura Belle Meek
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 31 (Day), 1860 (Year)

8. AGE: Years 73 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name John W. Shawn
13. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Long
15. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Myrl Sawyer
(b) Address Brimson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Willis Chapel Cemetery
18. (a) Signature of funeral director Dain Funeral Home
(b) Address Trenton Mo
19. (a) 2-4-41 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1941 hour 1:00 minute P M.
21. I hereby certify that I attended the deceased from Dec 16, 1940, to Jan 6, 1941; that I last saw her alive on Jan 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Disease of Heart & Kidneys	1 yr
Due to Arterio-sclerotic Changes	several
Due to and Elevated Blood pressure	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95 C

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? (Specify type of place)
300
While at work? (e) Means of injury
23. Signature O R Rooks (M. D. or other)
Address Trenton Mo Date signed 2-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 No Embalmer, Registered Apprentice No. ..... working under my personal supervision.

Signed Raymond A Dann

Licensed Embalmer No. 3424

P. O. Address Trenton

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

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