

Registration District No. **431**

Primary Registration District No. **30235923**

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

**1. PLACE OF DEATH:**  
(a) County **Johnson**  
(b) City or town **Warrensburg**  
(c) Name of hospital or institution **117 W. North St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **50 yrs. 1** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Joseph Murphy McMeekin**  
**3. (b) If veteran name war** \_\_\_\_\_  
**3. (c) Social Security No.** **487-07-0809**

**4. Sex** **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **married**  
**6. (b) Name of husband or wife** **Bergana McMeekin** **6. (c) Age of husband or wife if alive at** **53** years  
**7. Birth date of deceased** **Jan - 3 1891**  
(Month) (Day) (Year)

**8. AGE:** Years **64** Months **6** Days **9** If less than one day hr. min.

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

**10. Usual occupation** **Merchant**

**11. Industry or business** \_\_\_\_\_

**MOTHER: FATHER:**  
**12. Name** **Leolia McMeekin**  
**13. Birthplace** **Lexington Ky.** (State or foreign country)  
**14. Maiden name** **Therese Reed**  
**15. Birthplace** **Lexington Ky.** (State or foreign country)

**16. (a) Informant** **Mrs J. M. McMeekin**  
**(b) Address** **Warrensburg, Mo.**

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** **July-16-1941**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Sunset Hill**

**18. (a) Signature of funeral director** **Sweeney Phillips**  
**(b) Address** **Warrensburg, Mo.**

**19. (a) Date received local registrar** **July 15 - 1941** **(b) Registrar's signature** **Betha Henry**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Johnson**  
(c) City or town **Warrensburg** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **14** year **1941** hour **9:15** minute **A.M.**  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Accidental drowning in Lake Oona, Pertle Springs, Warrensburg, Mo.** Duration \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Due to** **193 2/16**  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_  
**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)** **Accident**  
**(b) Date of occurrence** **July-14-1941** **0511**  
**(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** **Edward J. ...** (M.D. or other)  
**Address** **Heldin Mo.** **Date signed** **7/14/41**

AUG 12 1941

AUG 14 1941

RECEIVED  
District Health Officer No. 8,  
District File Number  
8-4-41  
Date Filed

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. 1721  
working under my personal supervision.

Signed S Ray Greeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.