

FILED DEC 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39698

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852 105
 (b) Township Park Primary Registration District No. 6126
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jamies William Meeks
 (a) Residence, No. Sullivan Co. near Milan St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Dellah Shannon Meeks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 7 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Gursey, Ohio (STATE OR COUNTRY)

13. NAME Nathan Meeks

14. BIRTHPLACE (CITY OR TOWN) no data (STATE OR COUNTRY)

15. MAIDEN NAME Martha Jane Catlett

16. BIRTHPLACE (CITY OR TOWN) no data (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. H. C. Edoly, Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Henry Cem. Pega, Mo. DATE Nov. 11, 1941

19. FUNERAL DIRECTOR (NAME) Schoener's (ADDRESS) Milan, Mo.

20. FILED Dec 8, 1941 Cleo Hagan Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1941, to Nov. 9, 1941

First saw him alive on Nov. 4, 1941. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic bronchitis
arteriosclerosis

Date of onset 9

Other contributory causes of importance: 97

Name of operation 0 Date of _____

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. S. Montgomery, M. D.

(Address) Milan, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 12-41-2156

Date Filed DEC 10 1941

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.....

Frank D. Schoene....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, 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, above space should be left blank.