

JAN 16 1942

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla of town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. W. Mo. Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1941 hour 2:40 minute M.

21. I hereby certify that I attended the deceased from 12 1/2 1941 to 12-2 1941
that I last saw him alive on 12-2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Range of old age

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 1628

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) (Specify means of injury)

23. Signature John H. Jones (M. D. or other) M.D.
Address Rolla, Mo. Date signed 12-2-41

3. (a) PRINT FULL NAME Milo Chester Meacham
3. (b) If veteran, name war 3. (c) Social Security No.

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

(b) Name of husband or wife Emma Meacham 6. (c) Age of husband or wife if ve years

7. Birth date of deceased May 2 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 0 hr. min.

9. Birthplace Minnesota 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retail

11. Industry or business

MOTHER FATHER
12. Name Warr
13. Birthplace know
(City, town, or county) (State or foreign country)
14. Maiden name Warr
15. Birthplace know
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Meacham

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof 12-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Spring Creek

18. (a) Signature of funeral director John H. Jones

(b) Address Rolla Mo

19. (a) Dec. 5, 1941 (b) Jos. F. Jones
(Date received local registrar) (Registrar's signature)

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

91
2
2

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.....

S. B. Myers

Licensed Embalmer No. *3397*

P. O. Address *Roller 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, fact should be so stated above.