

Registration District No. 375 Primary Registration District No. 4252 Registrar's No.

FILED FEB-24 1942

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs, Missouri  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Leavenworth

(c) City or town Ft. Leavenworth  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Norman R. Meeks

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

4. Sex Male  white 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 11, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

26 hr. min.

9. Birthplace San Francisco, Calif.  
(City, town, or county) (State or foreign country)

10. Usual occupation Second Lieutenant 127th

11. Industry or business Obsn. U. S. Army

12. Name unknown

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Doran  
(City, town, or county) (State or foreign country)

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army

(b) Address Ft. Leavenworth, Kansas

17. (a) Removal (b) Date thereof 2-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth 1st Can

18. (a) Signature of funeral director Webb Funeral Home

(b) Address Blue Springs, Missouri

19. (a) 2-11-42 (b) Mar. O. Howe  
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10  
year 42 hour 4 minute 32 P M.

21. I hereby certify that I reported the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of  
pancreas from airplane accident Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See above

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) Accident

(b) Date of occurrence 2-10-42

(c) Where did injury occur Blue Springs, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place Accident

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (Date signed) 2-11-42

Address [Address] Date signed \_\_\_\_\_

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**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 R. Blumb

Licensed Embalmer No. 23153

P. O. Address Blue Springs, 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.**