

FILED MAR 23 1942
Registration District No. 182

Primary Registration District No. 468

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Clever
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community all of life
years, months or days)

3. (a) PRINT FULL NAME William Green Meacham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Harriet Meacham

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 16, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	19	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name William Matthew Meacham

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

14. Maiden name Jane Baxret

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

16. (a) Informant John Meacham

(b) Address Clever, Mo.

17. (a) burial (b) Date thereof March 6, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill cem

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) March 8, 1942 (b) Herta Nieke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Clever
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5th
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1941 to March 6, 1942
that I last saw him alive on February 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 3 years

Due to _____

Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature A. P. Copt (M. D. or other) MD
Address Clever, Mo. Date signed 3-5-42

RECEIVED

District Health Officer No. 6,

District File Number 342-410

Date Filed MAR 21 1942

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Claver 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.