

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson,**  
 (a) County **Jackson,**  
 (b) City or town **Kansas City,**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **5035 Forest,**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 years,**  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri,** (b) County **Jackson,**  
 (c) City or town **Kansas City,**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **5035 Forest,**  
 (If rural, give location)  
 (e) Citizen of foreign country? **X** (Yes or No)  
 If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Sallie Stephens Meeker,**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Wesley Meeker,** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **April 10 1860**  
 (Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **11** If less than one day hr. min. **0**

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **John H. Stephens,**

13. Birthplace **Unknown,** (State or foreign country)

14. Maiden name **Margaret Ewing,**

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

16. (a) Informant **Mrs. Arthur Blomquist,**

(b) Address **5035 Forest, Kansas City, Mo.**

17. (a) **Removal,** (b) Date thereof **4-21-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunceton, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-22-42** (b) **M. M. Crowe**  
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21st,**  
 year **1942** hour \_\_\_\_\_ minute **A. M.**

21. I hereby certify that I attended the deceased from **1940,** to **APR 21,** 19**42**

that I last saw him **alive** on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL FAILURE**

Due to **SUNSTROKE 93°F**

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

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

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury **Asst.**

23. Signature **B. C. Luitman** (M. D. or other) **Asst.**

Address **6944 Brown Hill April 21, 42**

Duration **1 month**  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

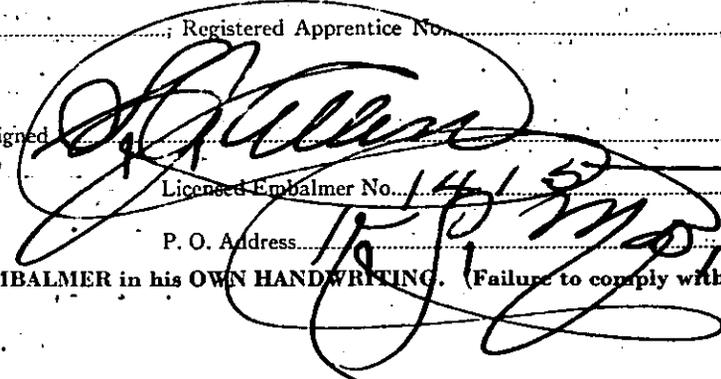
361

Dr. Quistgard, 6444 Prospect

**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



Licensed Embalmer No. 14153  
P. O. Address

**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.