

FILED NOV. 14 1942

Registration District No. 333

Primary Registration District No. 6115

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Sikeston Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rickland Trust
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100
 (a) State Missouri (b) County Scott
 (c) City or town Sikeston Rural
(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 Alvis Bulah Meeks

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife A. F. Meeks 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 31 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	2	2	_____ hr. _____ min.

9. Birthplace Shugulaek Miss. _____
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business home

12. Name Martin Campbell

13. Birthplace dont know _____
(City, town, or county) (State or foreign country)

14. Maiden name dont know _____

15. Birthplace dont know _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. F. Meeks

(b) Address Sikeston Mo.

17. (a) removal (b) Date thereof 11/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shugulaek Miss.

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

(b) Address Sikeston Mo.

19. (a) 11/7/42 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
 year 1942 hour 10 30 minute _____ M.

21. I hereby certify that I attended the deceased from 11/2/42, 19____ to 11/2/42, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

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) (e) Means of injury _____

23. Signature M G Mill _____ (M. D. or other) _____

Address Sikeston Mo Date signed 11/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100
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RECEIVED
District Health Office No. 2,
District File Number 1142-1439
Date Filed 11-12-42

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 Jack Kelley
Licensed Embalmer No. 3788
P. O. Address Sturton 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.