S. No. 2
M—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36644

Registration District No. 38 | Primary Registration District No. 3006-5450 | Registrar's No. 266

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1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. Broadway & E. Parkway Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 4 Years - 10 Months

2. USUAL RESIDENCE OF DECEASED: 10
(a) State: Missouri (b) County: Boone 2
(c) City or town: Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 216 W. Ash St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM EDWARD MEADOWS

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: Single

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: 1 (Month) - 17 (Day) - 1938 (Year)

8. AGE: Years 4 | Months 10 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Columbia (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

FATHER
12. Name: Joe Dysart Meadows
13. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Virginia Mae Updegraff
15. Birthplace: Jefferson City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Joe Dysart Meadows
(b) Address: 216 W. Ash St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Missouri

19. (a) Nov. 29 '42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 25
year: 1942 hour: ____ minute: ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h. ____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Suffocation from aspiration of blood contents of Eng. matter
Due to: Carbon-coal and kindling findings in stomach
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings:
Of operations: ____
Of autopsy: as above

Duration

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): 118
(b) Date of occurrence: ____
(c) Where did injury occur? H. Bud Columbia Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Specify type of place)
While at work? ____ (e) Means of injury: 3

23. Signature: Mari McAdam Coroner (~~M. D. or other~~)
Address: ____ Date signed 11/29/42.

125 U (Licensed Embalmer's Statement on Reverse Side)

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 W. D. Whitsitt

Licensed Embalmer No. 3893

P. O. Address Columbia 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.