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

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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

3. (a) PRINT FULL NAME Esther Adeline Meedy

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

4. Sex Female / race White 5. Color or _____
6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Theodore Grant Meedy 6. (c) Age of husband or wife if _____
alive dead years _____

7. Birth date of deceased. Oct 8 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days 25 If less than one day _____
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Boyd

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

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Buck

(b) Address Hamilton, Mo

17. (a) Burial (b) Date thereof 11-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perrin, Mo

18. (a) Signature of funeral director Marion Brown

(b) Address Hamilton, Mo

19. (a) Nov 4 1942 (b) Flora B Painter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Hamilton 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from September 30, 1942 to Nov 2, 1942
that I last saw her alive on November 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 12 hrs.

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 Herbert R. Buck (M. D. or other) MD

Address Hamilton, Mo Date signed 11/2/42

Duration
12 hrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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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.....

Licensed Embalmer No.....

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, above space should be left blank.