

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11007**

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

FILED APR 12 1943-4

Registration District No. _____ Primary Registration District No. **254 4386**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: _____
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Thayer
(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 Judith Ann Meredith
3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 20
year 1943 hour 8 minute 50 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 8 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 to 2-20, 1943
that I last saw him alive on 2-19, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
5 12 _____ hr. _____ min.

Immediate cause of death:
Staphylococcus infection of throat
Whooping cough
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 9.

10. Usual occupation _____

11. Industry or business _____
12. Name M. W. Meredith
13. Birthplace Howell County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jasper
15. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant M. W. Meredith
(b) Address Thayer, Mo.

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? _____

17. (a) Burial (b) Date thereof 2/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work _____ (Specify type of place)
(e) Means of injury _____

(c) Place: burial or cremation Thayer

18. (a) Signature of funeral director Geo Dan
(b) Address Thayer, Mo.
19. (a) 3-17-43 (b) Jae W. Williams
(Date received local registrar) (Registrar's signature)

23. Signature Jae W. Williams (M. D. or other) M.D.
Address Thayer, Mo. Date signed 3-2-43

Duration
4 days
feverish
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number

443220

Date Filed

7-9-73

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, fact should be so stated above.