

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 10420

Primary Registration District No. 5451

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 miles north of Stanberry  
(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 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

(d) Street No. Six miles north of Stanberry Mo.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Wilmer Allan Meek

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day April  
year 1943 hour 2 minute P. M.

4. Sex Male 5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gleda Meek

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased 10 4 1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4 1943 to April 7 1943  
that I last saw him alive on April 7 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

34 6 3 .hr. min.

Immediate cause of death Pulmonary Tuberculosis 24y.

9. Birthplace Brunswick Mo.  
(City, town, or county) (State or foreign country)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 13 ft

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business

12. Name William Meek

13. Birthplace Gentry County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Veronica Hyatt

15. Birthplace Gentry Co. Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations .....

Of autopsy .....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Gleda Meek

(b) Address Stanberry Mo.

17. (a) Burial (b) Date thereof 4-11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jennings Cemetery

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? .....

18. (a) Signature of funeral director Edwin Johnson

(b) Address Stanberry Mo.

19. (a) 7-1943 (b) Harold W. Meek  
(Date received local registrar) (Registrar's signature)

23. Signature Charles A. Williamson Jr DO  
Address Gentry Mo Date signed 4-12-43

May 5-1944 Harold W. Meek (Licensed Embalmer's Statement on Reverse Side)

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

**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

*Jewan Johnson*  
Licensed Embalmer No. *3492*

P. O. Address *Stenberg, W.*

**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.**