

ED MAY 26 1943

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Camp Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Station Hospital, Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days) 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Campbell
(c) City or town Fort Thomas
(If outside city or town limits, write "RURAL")
(d) Street No. 58 Taylor St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM L. MEADER

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

4. Sex Male 5. Color or race W 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 December 26 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 4 10 - hr. - min.

9. Birthplace Covington, Ky. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U.S. Army

12. Name William Daniel Meader

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

14. Maiden name Me Melhouse Meader

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

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Missouri

17. (a) Removal (b) Date thereof May 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Port Thomas, Ky.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 5-6-1943 (b) Boley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 5 minute 11 A.M.

21. I hereby certify that I attended the deceased from April 13, 1943, to May 6, 1943.

that I last saw him alive on May 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation and pancarditis

Due to Acute rheumatic fever

Due to _____

Other conditions Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9
Of autopsy _____

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) --

(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) Means of injury --

23. Signature Boley Thompson (M. D. or other) MC
Address Camp Crowder, Missouri Date signed May 6, '43

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

MOTHER FATHER

Date Received **MAY 19 1943**

File No. 643-99

MAY 24 1943

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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.