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S. No. 2  
DM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 8 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2786

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Kansas City General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Minutes  
(Specify whether years, months or days)

In this community 20 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3302 East 14th Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country. ---

3. (a) PRINT FULL NAME Mrs. Helen Meek

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Harold R. Meek, Sr.

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased October 24 1910  
(Month) (Day) (Year)

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

32 7 27 26 hr. min.

9. Birthplace Shawnee Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

12. Name Fred Gilbert

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

14. Maiden name Mary Hincheer

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

16. (a) Informant Harold R. Meek

(b) Address 3302 East 14th Street

17. (a) Burial (b) Date thereof June 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-21-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. Deputy Coroner, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death. Aspiration pneumonia

Due to Syphil Poisoning

Due to 1637

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

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

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) Suicide

(b) Date of occurrence June 20, 1943

(c) Where did injury occur? Thomas City Jackson Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? No (Specify type of place)

(e) Means of injury Poison

23. Signature A. E. Washers (M. D. or other) 27.19

Address 23rd ME City Date signed 6/20/43

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

MOTHER FATHER

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.