

FILED JUN 29 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 3121 Seneca
(d) Length of stay: 18 years
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3121 Seneca
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME LUELLA MEREDITH
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife T.A. Meredith
6. (c) Age of husband or wife if alive, deceased
7. Birth date of deceased June 7 1852

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18 year 1943 hour 1 minute 55P M.
21. I hereby certify that I attended the deceased from 5-28-43 to 6-4-43
that I last saw him alive on 6-4-43 and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 0 Days 11 If less than one day hr. min.

Immediate cause of death
Cerebral Hemorrhage 15 days
Due to Arteriosclerosis when
Due to Chronic Myocarditis
Other conditions:
Major findings:
Of operations: 938
Of autopsy: _____

9. Birthplace Marion Iowa
10. Usual occupation at home
11. Industry or business _____
12. Name John Parks
13. Birthplace unknown Indiana
14. Maiden name Nancy Ann Nelson
15. Birthplace unknown Kentucky

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

16. (a) Informant Mrs. N. E. Riddle
(b) Address St. Joseph, Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 6/21/43
(c) Place of burial or cremation: Bedford, Iowa
18. (a) Signature of funeral director: Walter Bittale & Bowman
(b) Address St. Joseph, Mo.
19. (a) 6/19/43 (b) Rose Herzog

23. Signature Evelyn Smith (M. D. or other) Date signed 6/19/43
Address 419 75 St. Joseph, Mo.

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

Dr. Clayton Smith
218 N. 7

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 James A. Molo

Licensed Embalmer No. 3296

P. O. Address St Joseph 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.