

FILED OCT 7 1943 128

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County... **GREENE**

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

(c) Name of hospital or institution:  
**1418 N. ROBERSON**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **1**  
(Specify whether)

In this community... \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MO.** (b) County... **GREENE 039**

(c) City or town... **SPRINGFIELD**  
(If outside city or town limits, write "RURAL")

(d) Street No... **1418 N. ROBERSON**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country... \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM MARION MEADOR**

3. (b) If veteran, name war... **NONE**

3. (c) Social Security No... **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29<sup>th</sup>**  
year **1943** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **9-28**  
1943 to **9-29-1943**

that I last saw him **in** alive on **9-29-1943**  
and that death occurred on the date and hour stated above.

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced... **MARRIED**

6. (b) Name of husband or wife... **ALICE L. MEADOR**

6. (c) Age of husband or wife if alive... **73** years

7. Birth date of deceased... **AUG. 28 1870**  
(Month) (Day) (Year)

Immediate cause of death... **Myocardial Edema due to coronary heart block**

Duration **48 hr**

Due to... **block**

Due to... \_\_\_\_\_

Other conditions... **95a**  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>1</b>	<b>1</b>	hr. min.

9. Birthplace... **BOWERS MILL MO. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation... **RETIRED R.R. CONDUCTOR**

11. Industry or business... **RAIL ROAD ENG.**

MOTHER FATHER

12. Name... **Wm Meador**

13. Birthplace... **Wm Meador Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name... **Martha Emert**

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

16. (a) Informant... **Alice L. Meador**

(b) Address... **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof... **Oct 1-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Maple Park**

18. (a) Signature of funeral director... **W. J. Handley**

(b) Address... **SPRINGFIELD MO.**

19. (a) **10-1-43** (b) **W. J. Handley**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations... \_\_\_\_\_

Of autopsy... \_\_\_\_\_

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature... **W. J. Handley** (M. D. or other)  
Address... **Springfield Mo.** Date signed **9/29/43**

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

39  
2  
6

MOTHER FATHER

784

73

APR 19 1943

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**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 Paul Rhodes  
Licensed Embalmer No. 4071  
P. O. Address Springfield

**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.

X