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35423

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 13 1943

Registration District No. 254

Primary Registration District No. 5865

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon *goh*
(b) City or town Thayer - Jeff Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. (Specify whether
In this community 13 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 075
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Zona Armenda Meeks

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Ben Meeks 6. (c) Age of husband or wife if alive. 41 years

7. Birth date of deceased. June 10 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 20 hr. min.

9. Birthplace. Thayer Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Francis Roe

13. Birthplace. Dallas County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Sally Brazeal

15. Birthplace. Oregon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Ben Meeks

(b) Address. Thayer, Mo.

17. (a) Burial (b) Date thereof. 10/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Rose Hill Cem.

18. (a) Signature of funeral director. Ree Carr

(b) Address. Thayer, Mo.

19. (a) 10-10-43 (b) Jae D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 20
1943 to Sept 30 19 43
that I last saw h. alive on Sept 20 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death. Cervical tubercin Duration 2 hour

Due to
Due to

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

Major findings:
Of operations
Of autopsy

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) (e) Means of injury

23. Signature. [Signature] (M. D. or other)
Address. [Address] Date signed 10-5-43

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

7500

1112

RECEIVED

District Health Officer No. 5,

District File Number 1143665

Date Filed 11.12.43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.