

S. No. 2  
M-2-43  
5-17-39  
I X33697

State File No. ....

FILED FEB 8 2 1944 96  
Registration District No. 21-176

Primary Registration District No. 5337500 2

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town "Rural" Sherman Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martha Ann Meadows

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 widow

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

7. Birth date of deceased Aug. 14 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Low

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Meadows

(b) Address Turners, Mo.

17. (a) Burial (b) Date thereof Dec. 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Vaughan & Foster

(b) Address Urbana Mo.

19. (a) 2/3/44 (b) John R. Danna  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 17  
year 1943 hour 3 minute 1 A. M.

21. I hereby certify that I attended the deceased from 12/17, 1943 to 12/17, 1943  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above. 19.....

Immediate cause of death..... Duration  
Shon's myocarditis 6mo

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 93d

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 L. A. Jones (M. D. or other) 12/17/43

Address Urbana Mo Date signed.....

1089

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

RECEIVED

District Health Officer No. 7,

District File Number 1-44-100

Date Filed 2-7-44

---

---

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

*Walter K. Lipin*

Licensed Embalmer No.

*3053*

P. O. Address

*Warsaw 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.