. S. No. 2
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ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3223

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1016 Picher Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1016 Picher Avenue 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Benjamin Meredith

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Emma Meredith

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

7. Birth date of deceased December 16, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	29	hr. min.

9. Birthplace Smith Grove (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation street contractor

11. Industry or business

FATHER
12. Name Jacob Meredith
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Susan ?
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Emma Meredith
(b) Address 1016 Picher, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 1-18-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan. 6, 1944 to Jan. 13, 1944
that I last saw him alive on Jan. 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. H. Winchester (M. D. or other)
Address Joplin, Mo. Date signed 1/18/44

(Licensed Embalmer's Statement on Reverse Side)

4-1-46

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.