V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 17 1944

Registration District No. 73 Primary Registration District No. 4154 Registrar's No. 20

29
1
0

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

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing 4 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 29
(c) City or town Greenfield 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? Native (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Francis Marion Meek
3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Not Known (Month) (Day) 1866 (Year)

8. AGE: Years 77 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Dade Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George Meek
13. Birthplace Dade Co. Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Dickey
15. Birthplace Dade Co. Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Joshia Prior
(b) Address So. Greenfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hampton
18. (a) Signature of funeral director Monnie Lemon
(b) Address Miller Mo.
19. (a) Jan 25 '44 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

1082

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 1944 hour 4 00 minute A. M.
21. I hereby certify that I attended the deceased from 1-22-44, 19__, to 1-24, 1944
that I last saw him alive on 1-23, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to	
Due to	
Other conditions: Chronic alcholism (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93 2

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 0
23. Signature W. O. Cowan (M. D. ~~or other~~)
Address Greenfield Mo Date signed 1-25-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 244-229
Date Filed FEB 15 1944

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 G. R. Leeman

Licensed Embalmer No. 3297

P. O. Address Miller 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.