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32673

FILED APR 13 1945

Registration District No.

Primary Registration District No. 5245

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Key township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution County Infirmary
In this community 2 years
years, months or days

3. (a) PRINT FULL NAME TACIE MEFFORD
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 Dr. W. S. Mefford 6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased: (Month) 11 (Day) 1886 (Year)

8. AGE: Years 57 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Joplin Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business:
12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Howard Lucas
(b) Address County Infirmary Keosauqua Mo
17. (a) Burial (b) Date thereof March 21 - 1944
(c) Place: burial or cremation Mc Callough
18. (a) Signature of funeral director W. J. & J. Ernst
(b) Address Key township
19. (a) 4/4/45 (b) R. G. Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Rural
(d) Street No. 2 miles E of Keosauqua
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29 year 1944 hour 12 minute 5 M.
21. I hereby certify that I attended the deceased from Mar 5 - 1944 to March 27 1944
that I last saw her alive on March 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration

Due to arteriosclerosis
Due to
Other conditions § 3a
(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 2
23. Signatures R. G. Kelly (M. D. or other) D. O.
Address Brunswick Mo Date signed 4/29-44

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

1023

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

RECEIVED

District Health Officer No. 8,

District File Number _____
Date Filed 4-12-44

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 _____

N. D. Barnett

Licensed Embalmer No. 3046

P. O. Address _____

Keyville, 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.