

FILED APR 13 1944

Registration District No. 133 Primary Registration District No. 3022

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

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Wood Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town 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 Goldie E. Holcomb

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 9 minute 30 p M.

21. I hereby certify that I attended the deceased from 3-11- 1944, to 3-14- 1944;
that I last saw her alive on 3-14, 1944;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ellis K. Holcomb

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

7. Birth date of deceased: Sept 6 1896
(Month) (Day) (Year)

Immediate cause of death Surgical shock
Delayed

Duration _____

8. AGE: Years 47 Months 6 Days 8
If less than one day _____ hr. _____ min.

Due to Hysterectomy & Umbilical Hernia

Due to _____

Other conditions 56d
(Include pregnancy within 3 months of death)

9. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN _____

Major findings: Fibroid of uterus & cystic ovaries - also hernia

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Alfred N. Meek

13. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Laura A. Meek

15. Birthplace Darwin Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Holcomb

(b) Address Kansas City Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Mar 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) Meek 18-1944 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

(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) Means of injury _____

23. Signature Frank L. Wood (M.D. or other) DO
Address Bethany, Mo. Date signed 3-18-44

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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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bethany, 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.