

FILED APR 20 1944

Registration District No. 1024

Primary Registration District No. 3016

Registrar's No. 84

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 hrs
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Terry Glen Meads
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased April 6, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hr. 20 min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER {
12. Name James Meads
13. Birthplace Linn Creek Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Green
15. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Meads

(b) Address New Bloomfield, Mo.

17. (a) Burial (b) Date thereof 4/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cemetery

18. (a) Signature of funeral director Dwight Buscher

(b) Address Jefferson City, Mo.

19. (a) 4-7-44 (b) Norman Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. St. Marys Hospital
(If rural, give location) New Bloomfield, Mo.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6
year 1944 hour 8 minute _____ P. M.

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

Immediate cause of death _____
Pulmonary Congestion
Due to premature death
5th month pregnancy
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
159

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature D. Taylor (M. D. or other) _____
Address Jefferson City, Mo. Date signed 4-7-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

STATEMENT BY LICENSED EMBALMER

Not

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..... *Victor Buescher*.....

Licensed Embalmer No. 3701.....

P. O. Address...Jefferson City, 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.