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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 141

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 18175

Registrar's No. 49

1. PLACE OF DEATH:

(a) County HOWELL

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

(c) Name of hospital or institution: 904 JACKSON AVE. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether In this community 7 DAYS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL 46

(c) City or town WEST PLAINS (If outside city or town limits, write "RURAL")

(d) Street No. 904 JACKSON AVE 1 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME DAVID ROSCOE MEREDITH

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MALE C

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUISA WATKINS

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased SEPTEMBER (Month) 30, (Day) 1865 (Year)

8. AGE: Years 78 Months 7 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace SOMERSET, (City, town, or county) INDIANA 1 (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name ADDISON MEREDITH
13. Birthplace (City, town, or county) N.C. 1 (State or foreign country)

MOTHER
14. Maiden name NIGHTSTOWN, BEULAH AYDLOTT
15. Birthplace KNIGHTSTOWN, (City, town, or county) IND. 1 (State or foreign country)

16. (a) Informant Mrs. LOUISA WATKINS,

(b) Address WEST PLAINS,

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 4, (Day) 1944 (Year)

(c) Place: burial or cremation OAK LAWN CEMETERY, WEST PLAINS, Mo.

18. (a) Signature of funeral director [signature]

(b) Address WEST PLAINS, Mo.

19. (a) 5/10-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2, year 1944 hour 9: minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 1940, to May 2, 1944; that I last saw him alive on May 2, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Myocarditis	
Chronic Cystitis nephritis	
Due to Urethral stricture	1982
Hypertrophy of prostate	1982
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 b

Major findings:
Of operations

Of autopsy

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 E. C. Bohrer (M.D. or other) MD

Address West Plains Date signed 5-6-44

112 J

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 644349
Date Filed 6 7 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 Hal Thoroughgood

Licensed Embalmer No. 3408

P. O. Address West Plains, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi (the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.