

FILED JUL 13 1944

Registration District No. _____

Primary Registration District No. **5449**

1. PLACE OF DEATH:

(a) County **CENTURY - Jackson Township**
(b) City or town **Spring City, Mo. - 1 1/2 Mils**
(c) Name of hospital or institution: **NorthEast**
(If outside city or town limits, write "RURAL" and give county and township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Transient.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnston**
(c) City or town **Clatah Navy Base**
(If outside city or town limits, write "RURAL") **99**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Cecil ARTHUR MECKER

3. (b) If veteran, **in service** name was **World War II 2**
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **✓**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **6** **21 12 22**
(Month) (Day) (Year)

8. AGE: Years **22** Months **11** Days **27**
If less than one day _____ hr. _____ min.

9. Birthplace **TAMA Co, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Pilot U.S. Navy**

11. Industry or business _____
MOTHER FATHER { 12. Name **ARTHUR JAY MECKER**
13. Birthplace **Unknown - A**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown - A**
(City, town, or county) (State or foreign country)

16. (a) Informant **Norman R. Good**

(b) Address **VR-3 N.A.S. Clatah Kansas**

17. (a) **Unknown** (b) Date thereof **6-18-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clatah Kansas**

18. (a) Signature of funeral director **R. B. Stager**
(b) Address **Kings Chapel, Mo.**

19. (a) **6-24-1944** (b) **Robert H. Webster**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
year **1944** hour **3** minute **02 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above

Immediate cause of death **Suppurative Multiple Extreme** Duration **immediate**

Due to _____
Due to **173-8**

Other conditions _____ (Include pregnancy within 3 months of death)
34

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) **Accident**
(b) Date of occurrence **June 18 1944**
(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? **Yes** (Specify type of place) **Aircraft**
(f) Means of injury _____
23. Signature **Dr. Jacob A. Barnes, D.O.** (M. D. or other)
Address **Coroner, Century Co.** Date signed **6/24/44**

Address _____ Date signed _____

1108

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

38
0
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{submitted} by me, or by the informant on reverse side. Registered Apprentice No. _____
~~working under my personal supervision.~~

Signed R. G. Tappan
Licensed Embalmer No. 2563
P. O. Address King 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.