

FILED AUG 14 1944

Registration District No. 149

Primary Registration District No. 2002

Registrar's No. 3151

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 1 wk
(Specify whether in hospital or institution)

In this community 1 week
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 4009 Woodland
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emerson
Garrison Meredith

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-597-36

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour one minute 55 P. M.

I hereby certify that I attended the deceased from December 29th to July 31, 1944

that I last saw him alive on July 31, 1944 and that death occurred on the day and hour stated above.

Immediate cause of death Respiratory Paralysis Duration _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Emerson

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

7. Birth date of deceased Aug 15 1905
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tractor operator

11. Industry or business Coal Business

12. Name Dan Meredith

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

14. Maiden name Stella Harris

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

16. (a) Informant Mrs. W.D. Meredith

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 8-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo
Funeral Home

18. (a) Signature of funeral director Funeral Home

(b) Address Clinton Mo

19. (a) 8-7-44 (b) T. E. Brown (UG)
(Date received local registrar) (Registrar's signature)

Due to Toxemia from uremia

Due to myocardial and renal degeneration

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

Major findings: 131
Of operations

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) _____
(b) Means of injury _____

23. Signature C. M. Smith (M. D. or other) F. D. O.

Address 4108 Anderson Date signed 7-31-44

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

Mr. [unclear] [unclear]

Robert [unclear] [unclear]

1177

11-22-50
11-22-50

11-22-50

11-22-50

11-22-50

11-22-50

11-22-50

11-22-50

11-22-50

11-22-50

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 Embalmer No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

2478

P. O. Address.....

Clenton M

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.