

FILED AUG 13 1944

Registration District No. **13134**

Primary Registration District No. **3022**

Registrar's No. **77**

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 5 days (Specify whether
In this community after life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Ridgeway Mo.
(If outside city or town limits, write "RURAL")
(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 Myrtle L. Meek
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 7
year 1944 hour 4 minute 00 AM.
21. I hereby certify that I attended the deceased from June 7
1944 to July 7 1944
that I last saw her alive on July 6 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 Widow
6. (b) Name of husband or wife Arthur Meek
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased: 2 (Month) 19 (Day) 1896 (Year)

Immediate cause of death Coronary embolism Duration 10 min
5 days following hysterectomy

8. AGE: Years 48 Months 4 Days 18
If less than one day _____ hr. _____ min.

Due to _____
Due to 56 hr
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housework and Teaching

Major findings:
Of operations multiple fibroid polyps uterus
large ovarian cyst (left)
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name George W. Wells
13. Birthplace Marionville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Wenona Myers
15. Birthplace Bethany Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wenona Wells
(b) Address Bethany Mo.

17. (a) Burial (b) Date thereof 7-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany Mo.

19. (a) July 11-44 (b) Zola W. Burrie
(Date received local registrar) (Registrar's signature)

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 Dr. J. B. Prothman (M. D. or other) Dr.
Address Ridgeway Missouri Date signed 7-9-44

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 S. W. Harris

Licensed Embalmer No. 1078

P. O. Address Putnam, Va

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.