S. No. 2
03M—2-43
v. 5-17-39
X39697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Dr. Allen

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29009

Registration District No. 358 Primary Registration District No. 6215 Registrar's No. 12

1. PLACE OF DEATH:
(a) County: VERNON
(b) City or town: ARTHUR — Rural (If outside city or town limits, write "RURAL" and name township)
(c) Name of hospital or institution: OSAGE TWP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State: OKLA (b) County: OSAGE
(c) City or town: Barnsdall (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #3 Box 34 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3. (a) PRINT FULL NAME: DELLA HAYES MEEK
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Leonard F. MEEK
6. (c) Age of husband ~~or wife~~ if alive: 57 years
7. Birth date of deceased: FEB 23 1877 (Month) (Day) (Year)
8. AGE: Years 67 Months 5 Days 11 If less than one day ___ hr. ___ min.
9. Birthplace: BUTLER ILL. (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: SATTERLEE
13. Birthplace: VERMONT (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: SARAH M. ECK
15. Birthplace: VERMONT (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. P. Burgston
(b) Address: R.R. 4 Box 34 Barnsdall Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 5 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Ballton
18. (a) Signature of funeral director: Bostus
(b) Address: Rich Hill Mo.
19. (a) 8-10-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1944 hour 1730 minute a M.
21. I hereby certify that I attended the deceased from Aug 2 1944 to Aug 2 1944 that I last saw h[illegible] alive on Aug 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: [illegible] — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
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: [illegible] M.D. or other)
Address: Rich Hill Mo Date signed 8

1232 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-44-1066
Date Filed 9-12-44

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 Cohen H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.