S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30392

Primary Registration District No. 3000

Registrar's No. 233

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Los Angeles
(c) City or town Los Angeles
(If outside city or town limits, write "RURAL")
(d) Street No. 847 W. 60th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mary Irene Meek
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 6, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	5	hr. min.

9. Birthplace Chillicothe Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Osteopathic Physician
11. Industry or business Medical Profession
FATHER
12. Name Herreman O. Meek
13. Birthplace Greenfield, Indiana. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Irene Gharky
15. Birthplace Geauga County, Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Eva Meek
(b) Address 847 W. 60th, Los Angeles 44
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/44 (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe, Mo.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) 9-14-44 (Date received local registrar) (b) Mrs. J.L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1944 hour 10 minute 52 P.M.
21. I hereby certify that I attended the deceased from Sept 4, 1944, to Sept 12, 1944 that I last saw her alive on Sept 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver (combined)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) D.O.
Address Kirksville Mo Date signed Sept 13

1049

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1946

9-44-1634

OCT 3 1944

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 Bowden Beaty

Licensed Embalmer No. 4379

P. O. Address Kirksville, 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.