

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31150**
Registrar's No. **444**

Registration District No. **156**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
416 N. Byers Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **44 Years.**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **416 N. Byers Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Roland Lee Meredith**
3. (b) If veteran, name war **World War I**
3. (c) Social Security No. **490-20-1419**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **13**
year **1944** hour **5-30** Minute **P.M.** M.
21. I hereby certify that I attended the deceased from **Sept. 10**
19**44**, to **Sept 13**, 19**44**,
that I last saw him alive on **Sept. 13**, 19**44**,
and that death occurred on the date and hour stated above.

4. Sex **Male** 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 **March 3 1892** to.
(Month) (Day) (Year)

Immediate cause of death.....
Myocarditis
Due to.....
Arteriosclerosis

8. AGE: Years **52** Months **6** Days **10**
If less than one day
hr. min.

9. Birthplace **Prairie Home Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business **Government Work**

12. Name **Roland Lee Meredith**

13. Birthplace **Prairie Home Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Maude Tevis Carey**

15. Birthplace **Prairie Home Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Guy J. Meredith**

(b) Address **416 N. Byers Ave. Joplin Mo.**

17. (a) **Burial** (b) Date thereof **9 16 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin Mo.**

19. (a) **9-16-44** (b) **Arthur S. Schuller**
(Date received local registrar) (Registrar's signature)

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?

While at work?..... (Specify type of place)
(e) Means of injury **0**
23. Signature **Guy J. Meredith** (M. D. or other)
Address **401 W. 1st St. Joplin Mo** Date signed **9-16-44**

(Licensed Embalmer's Statement on Reverse Side)

1206

Joplin Mo

44-9-151

SEP 25 1944

OCT 17 1944

OCT 5 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 *Henry K. Humbert*

Licensed Embalmer No. *959*

P. O. Address *Josephine Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.