S. No. 2
M—8-13
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1944

Registration District No. 1553

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 37847

Registrar's No. 117

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: BETHANY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HARRISON

(c) City or town BETHANY
(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 ALICE EDNA STREET

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 MARRIED

6. (b) Name of husband or wife JOHN H.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 2 (Month) 15 (Day) 1872 (Year)

8. AGE: Years 72 Months 9 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ____

FATHER
12. Name JOSEPH T. MEADOWS
13. Birthplace ____ (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name MARY EVERLY
15. Birthplace ____ (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John H. Street
(b) Address Bethany, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation PYTHIAN CEMETERY

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

19. (a) 12-15-44 (Date received local registrar) (b) Rhea M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1944 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-7, 1943, to 11-25, 1944; that I last saw her alive on 11-25, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute parotitis left	1 mo.
Due to Chronic Myocarditis	
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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature R. R. Tyler, Jr. (M. D. or ~~other~~)
Address Bethany, Mo. Date signed 12-1-44

203 (Licensed Embalmer's Statement on Reverse Side)

JAN 6 1945

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.