S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3110

Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 West 3rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte
(c) City or town Parkville
(If outside city or town limits, write "RURAL")
(d) Street No. 3 West 3rd St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Roscoe Meek.
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male.
5. Color or White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 9 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Marysville Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
FATHER 12. Name William L. Meek
13. Birthplace
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Melvina Lipscomb
15. Birthplace
(City, town, or county) (State or foreign country)
16. (a) Informant Wm. K. Meek
(b) Address Parkville Mo.
17. (a) Burial (b) Date thereof Nov. 24 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkville
18. (a) Signature of funeral director L. G. Francis
(b) Address Parkville Mo
19. (a) 1-4-45 (b) Mrs Clay Biffee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1944 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from June, 1943, to Nov 20, 1944;
that I last saw him alive on Nov 20, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Appoplexy	
Due to Hypertension and Arteriosclerosis	?
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 H. F. Casebolt ~~(M. D. or other)~~ D.O.
Address Parkville, Mo. Date signed 12/15/44

1209 (Licensed Embalmer's Statement on Reverse Side)

FILED

District Health Officer No. Platte Co. Health D

District File Number 2-45-20

Date Filed 2-1-45

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 me.

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.