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State File No. \_\_\_\_\_  
Registrar's No. 3300

**FILED** AUG 22 1945  
Registration District No. 149

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write "RURAL" and name of township)  
(d) Length of stay: in hospital or institution 4 weeks  
In this community 20 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1327 Summit  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Isaiah Meredith  
**3. (b) If veteran,** No **3. (c) Social Security** 495-01-1953  
name war \_\_\_\_\_ No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month August day 4  
year 1945 hour 12 minute 40 P. M.  
**21. I hereby certify that I attended the deceased from** July 9 1945 to August 4 1945  
that I last saw him alive on August 4 1945  
and that death occurred on the date and hour stated above.

**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Div?  
**6. (b) Name of husband or wife** Retha L **6. (c) Age of husband or wife if** 36 years  
**7. Birth date of deceased** March 8, 1892  
(Month) (Day) (Year)

Immediate cause of death Encephalomalacia  
Due to Cerebral sclerosis

**8. AGE:** Years 53 Months 4 Days 27 hr. 26 min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy See above

**9. Birthplace** Knobnoster Mo.  
**10. Usual occupation** Meat Cutter  
**11. Industry or business** Harry Dworkin, Butch  
**12. Name** Isaiah Meredith  
**13. Birthplace** Unknown  
**14. Maiden name** Miss Collier  
**15. Birthplace** Mo.

**PHYSICIAN**  
**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? \_\_\_\_\_

**16. (a) Informant** Dora Meredith  
**(b) Address** 1327 Summit  
**17. (a) Burial** Burial **(b) Date thereof** 8-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Forest Hill  
**18. (a) Signature of funeral director** Blackman  
**(b) Address** Mo  
**19. (a) 8-6-45** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**23. Signature** Clark W. Sedgwick  
**Address** Med. Dir. K.C. General Hospital  
(Specify type of place) (M.D. or other)

**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

*H. B. Blackman*

Licensed Embalmer No.

*3639*

P. O. Address

*11 C. 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.**