

**FILED** NOV 15 1945  
Urban  
Registration District No. 333

Primary Registration District No. 3074 10115

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rural *Rural*

(c) Name of hospital or institution: \_\_\_\_\_

(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 6 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott *100*

(c) City or town Rural *0*

(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles N. East of Sikeston *0*

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dannie Wayne Meadows

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex M *0* 5. Color or race W

6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 3 23 1945

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 3 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. *0*

(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Roy Meadows

13. Birthplace Westmolin Tenn. *1*

(City, town, or county) (State or foreign country)

14. Maiden name Ruth W. Ross

15. Birthplace Marshall Ark. *1*

(City, town, or county) (State or foreign country)

16. (a) Informant Roy Meadows

(b) Address Sikeston, Mo. Gen. 1 Del.

17. (a) Burial (b) Date thereof 9/27/45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miner Switch, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 10-11-45 (b) Mr. H. Henry

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25

year 1945 hour 12 minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from 9-17-45

\_\_\_\_\_, 19\_\_\_\_, to 9-22, 1945

that I last saw him alive on 9-22, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Gastroenteritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 119a

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 E. D. Wilson (M. D. or other) M. D.

Address Sikeston, Mo. Date signed 10-1-45

RECEIVED

District Health Office No. 2,

District File Number 1045-3159

Date Filed 10-31-48

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.....

NOT EMBALMED

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

working under my personal supervision.

Signed

*Hunter Albritton*

Licensed Embalmer No. 4210

P. O. Address Sikeston, 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.**