S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42780

State File No.

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont
(If outside city or town limits, write "RURAL" and name of township)

(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ellen Meddelton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sam Meddelton

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

7. Birth date of deceased Dec. (Month) 15 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	0	4	hr. min.

9. Birthplace Columbus (City, town, or county) Ohio (State or foreign country) /

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Amos Dean
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Jane ~~Dean~~ D.K.
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Mrs Jess Cook
(b) Address Piedmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40 (Month) (Day) (Year)
(c) Place: burial or cremation Des Arc Cem

18. (a) Signature of funeral director William Coder
(b) Address Piedmont Mo.

19. (a) Dec. 31 1945 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 19 year 1945 hour 9:40 minute A M.

21. I hereby certify that I attended the deceased from 12-10- 1945, to 12-19- 1945, that I last saw her alive on 12-19- 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 0

23. Signature C. L. Jones, M.D. (M. D. or other)
Address Piedmont, Mo. Date signed 12-22-45

1503 (Licensed Embalmer's Statement on Reverse Side)

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 Cooler Funeral Home, Registered Apprentice No. _____, working under my personal supervision.

Signed William Cooler

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.