

No. 2
1-2-43
5-17-39-
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8588

State File No. _____

FILED APR 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 281

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 718 So 11th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo.
(Specify whether years, months or days)

In this community 5 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 3'

(c) City or town Pattonsburg Rural
(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 Joe Allen Meade

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pearl Marie

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 20 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Pattonsburg Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andy Meade

13. Birthplace Pattonsburg Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Etta Genis

15. Birthplace Var 1
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl M. Meade

(b) Address St Joseph Mo

17. (a) Removal (b) Date thereof 3-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pattonsburg Mo

18. (a) Signature of funeral director Fleeman + Son Inc

(b) Address St Joseph Mo

19. (a) Mar. 11, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1946 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to March 5, 1946
that I last saw him alive on March 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Chromatin

Due to _____

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations _____

Of autopsy ✓ 468

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? 2

While at work? ✓ (Specify type of place) (a) Means of Injury ✓

23. Signature Edith R... (M. D. or other) _____
Address Wadsworth 264 Date signed Mar 15 1946

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Robert H. Gaylor

Licensed Embalmer No.

3308

P. O. Address

St Joseph, 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.