. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8589

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 278

1. PLACE OF DEATH:

(a) County Buchanan County

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

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs, 3mos, 0days (Specify whether
In this community 2 Yrs. 3 Mo. 0 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio
(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 Albert M. Meek

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nevada Meek

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

7. Birth date of deceased March (Month) 16 (Day) 1874 (Year)

8. AGE: Years 71 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Center Point (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Trucker

11. Industry or business

FATHER
12. Name Francis Marion Todd Meek
13. Birthplace Rockport, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Salina Hauk
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Hospital records
(b) Address St. Joseph, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3 / 5 / 46 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio, Mo.

18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address St. Joseph, Mo.

19. (a) Mar. 6. 1946 (Date received local registrar) (b) H J Nestlebush (Registrar's signature) By V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1946 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12/10/45, 19 to 3/5/46, 19
that I last saw him alive on 3/4/46, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions Mental Deterioration (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy 94

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 B. E. Salzer (M. D. or other)

Address St. Joseph, Missouri Date signed 3/5/46

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(Licensed Embalmer's Statement on Reverse Side)

DEC 01 195

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~~ S. Mar

, Registered Apprentice No. —

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.