

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9205 2:40

State File No. _____

FILED APR 15 1946

Registration District No. _____

Primary Registration District No. 225

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community about 75 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 1 1946 to March 19 1946
that I last saw her alive on March 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Death Myocarditis Duration 10 min

Due to Generalized Arterio sclerosis years.

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature M. P. New (M.D. or other) DO.
Address Maitland, Mo. Date signed 3/19/46

3. (a) PRINT FULL NAME Mary Lydia Meadows

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife L. A. Meadows 'Deceased' 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct - 13 - 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Near Memphis, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Jacob Weller

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catharine Dinger

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Carrus Meadows

(b) Address Maitland Mo

17. (a) Burial (b) Date thereof 3-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.O.F. Graham

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marquill, Mo

19. (a) 3-21-46 (b) J. C. New
(Date received local registrar) (Registrar's signature)

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

81:31

SEP 3 1947

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Marionville 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.