. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11919

Registration District No. 306 Primary Registration District No. 6132 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~RE~~ SHANNON
(b) City or town RURAL MOORE TWP
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Shannon 101
(c) City or town Rural Moore Twp
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARVIN JERRY MEADE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 29 (Day) 45 (Year)

8. AGE: Years	Months	Days	If less than one day
	4	29	hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation INFANT
11. Industry or business
FATHER 12. Name NOEL MEADE
13. Birthplace (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name JULIE MARIE ~~MEADE~~ Jordan
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Noel Meade
(b) Address Bunker MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation HEATON CEM
18. (a) Signature of funeral director None
(b) Address
19. (a) 4-1-46 (Date received local registrar) (b) Mabel Roller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-22- day Fri
year 1946 hour 5- minute 30 a M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*
No attending Physician
Due to Pneumonia
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 Frank Hyde (M. D. or other) Coroner
Address Cuba Mo Date signed 2-24-46

306 (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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.