S. No. 2
M—2-43
. 5-17-39
I X35697

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

14483

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15591

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 121

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 402 E. Randolph St. /
(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: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair /
(c) City or town: Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 402 E. Randolph 3
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lydia Ellen Van Meter
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Joseph Van Meter
6. (c) Age of husband or wife if alive: 91 years
7. Birth date of deceased: May (Month) 8 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	11	6	hr. min.

9. Birthplace: Harrison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: Squire Payne
13. Birthplace: Unknown (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name: Susan Donohoe
15. Birthplace: Unknown (City, town, or county) Ohio / (State or foreign country)
16. (a) Informant: Mrs. Kate Buck
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Eagleville, Missouri
18. (a) Signature of funeral director: Dorkley
(b) Address: Kirksville, Missouri
19. (a) 4-15-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 14 year: 1946 hour: 3:00 minute: A.M.
21. I hereby certify that I attended the deceased from apr. 13, 1946 to apr. 14, 1946 that I last saw him alive on apr. 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to: Hypertension	3-4 yrs
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: R.P. Strickler (M. D. or other) MD
Address: Kirksville mo Date signed: 4-15-46

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1952

RECEIVED
District Health Officer No. 10
District File Number 5-46
Date Filed MAY 23 1946

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 D E Riley

Licensed Embalmer No. 4121

P. O. Address Kirksville 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.