

FILED JUN 12 1946

Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Reverton, Mo. R2
(If outside city or town limits, write "RURAL")
(d) Street No. Rock Prairie Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN MECK

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie V. Howley 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 13, 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant, Farmer

11. Industry or business General Livestock & Grain

12. Name Thomas Meck

13. Birthplace Meck, Arkansas (City, town, or county) (State or foreign country)

14. Maiden name Hattie Meck (W.N.R.)

15. Birthplace Meck, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie V. Meck

(b) Address Reverton, Mo. R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Spring Creek

18. (a) Signature of funeral director Earl A. Brin

(b) Address Walnut Grove, Mo.

19. (a) 5-31-1946 (b) Dr. W. E. Hardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 26 of May, 1946 to 1/30, 1946, that I last saw him alive on 5/30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 da

Due to Chronic nephritis 2

Due to _____

Other conditions Diabetes mellitus, myocardial disease
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: CA

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 J. B. Jamison (M. D. or other) M.D.
Address Springfield, Mo. Date signed 5/31/46

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 Gene A. Brinn
Licensed Embalmer No. 2664
P. O. Address Walnut Grove 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.