S. No. 2
0M—2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1946

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18697

Registrar's No. 4530

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61
(a) State Missouri (b) County Macon
(c) City or town Macon 3
(If outside city or town limits, write "RURAL") NR 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) Y
If yes, name country

3. (a) PRINT FULL NAME GRIFFIN G. MEADOR
3. (b) If veteran, name war World War # 1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evangela Meador
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased February (Month) 13 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	4	hr. min.

9. Birthplace Anabel (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Hotel Proprietor
11. Industry or business

MOTHER FATHER
12. Name Arthur Meador
13. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ida Gregory
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Patton
(b) Address Huntsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Macon, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 20 1946 (Date received by registrar) (b) J. F. Bradeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 9, 1946 to May 17, 1946
that I last saw him alive on May 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolus	few min.
Due to Carcinoma right colon	few weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca Rt. colon
Of autopsy Pulmonary embolus

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 O

23. Signature Gordon F. Moore (M. D. or coroner)
Address Barnes Hospital Date signed 5/17/46

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 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 Elmo R. Caldwell

Licensed Embalmer No. 4077

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.