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

21640

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22777

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 814

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Hospital
(Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Sycamore St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas B. Meeks.
3. (b) If veteran, name war None
3. (c) Social Security No. 500-07-1217
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geneva Meeks
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased March (Month) 17 (Day) 1910 (Year)

8. AGE: Years 36 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Leaverton auto supply
FATHER
12. Name Charles Meeks
13. Birthplace Doniphan County (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Fannie Wykert
15. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs. Geneva Meeks
(b) Address 816 Sycamore St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Courter Cem. (Troy, Ks)
18. (a) Signature of funeral director Herman Wm Hedenfadin
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) July 20, 1946 (Date received local registrar) (b) [signature] Nesthebush (Registrar's signature) By V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1946 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 5, 1946, 19 to July 7, 1946 that I last saw him alive on July 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	5 weeks
Due to Aortic regurgitation	unknown
Due to Luetic heart disease	unknown
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

23. Signature Irwin I Rosenthal (M. D. or other) MD
Address P. by & Surg Bldg St Joseph Mo Date signed 7/8/46

3 4

(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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.