No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24023

FILED JUL 29 1946

Registration District No. 156 Primary Registration District No. 20021 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper 49

(b) City or town Joplin 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hospital 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Since July 3, 1946 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999

(c) City or town Sherman 41
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ada Fuller Meador

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William T. Meador

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 29 (Month) 1889 (Day) (Year)

8. AGE: Years 56 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Grayston County (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business her home

FATHER
12. Name John Fuller
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Ida Harding
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mr. William T. Meador
(b) Address Sherman, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sherman, Texas

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-12-46 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1946 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from July 7, 1946, to July 12, 1946 that I last saw her alive on July 12, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	
Chronic myocarditis	
Due to Hypertension	
Due to	
Other conditions Diabetes mellitus (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 Virgil E. Jeans (M. D. or other)
Address Joplin, Missouri Date signed 7/12/46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1946

JUL 30 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

S. No. 2B
-3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44 9

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ada Fuller Meador

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased May 29 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-12-46 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 2 year 1946 o'clock minute 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

Due to

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY 2

24023