

FILED SEP 11 1946

Registration District No. 23

Primary Registration District No. 3007

State File No.

Registrar's No. 286

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff 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

3. (a) PRINT FULL NAME

Mary Jane Meadows

(b) If veteran, name war _____

(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 Ed M Meadows

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: Jan 19 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days -
If less than one day hr. _____ min. _____

9. Birthplace: Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER {
12. Name David Meadows
13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah A. Brown
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ed M Meadows

(b) Address Poplico Mo.

17. (a) Burial (b) Date thereof Aug 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Poplico Cemetery

18. (a) Signature of funeral director: Blair Morgan

(b) Address Poplico Mo

19. (a) 8/28/46 (b) R W Henneker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Poplico
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Aug
year 1946 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from drive
14 1946 Aug 19, 1946
that I last saw him alive on Aug 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion - myocardial heart failure

Due to: Arteriosclerosis Hypertension Cardiovascular disease

Due to: general arteriosclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 930
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm O Henneker (M. D. or other) MD
Address Poplico Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
25260

RECEIVED

District Health Office No. 2,

District File Number 946-1055

Date Filed 9-3-46

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..... *Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address..... *Adrianes 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.