. S. No. 2
M—8-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32516
State File No.

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Patterson
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne 111
(c) City or town Patterson
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph William Meader
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Amanda E. Meader
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (Month) 17 (Day) 1873 (Year)

8. AGE: Years 73 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Patterson (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Amy Parkin
(b) Address St. Louis, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Atnip Cem. near Patterson
18. (a) Signature of funeral director M. W. Fisch
(b) Address Piedmont, Mo.
19. (a) Sept 18-46 (Date received local registrar) (b) Susie G. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2 year 1946 hour 6:20 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 1, 1946, to Sept. 2, 1946 that I last saw ~~him~~ alive on Sept. 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
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:
(c) 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 0
23. Signature L. E. Young (M. D. or other)
Address Piedmont Mo. Date signed 9/2-46

340 (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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Ga

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.