No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1947

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 9662

Registrar's No.

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: 1226 W. 9th St., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1226 W. 9th St., 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Oscar Meador

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Sarah Meador | 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased November 3, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	20	____ hr. ____ min.

9. Birthplace Reeds (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Trucker

11. Industry or business own business

FATHER
12. Name Austin Meador /
13. Birthplace ____ (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Frances Coats
15. Birthplace ____ (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Sarah Meador
(b) Address 1226 W. 9th, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Cemetery, Sarcoxie, Mo

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

19. (a) 2-25-47 (Date received local registrar) (b) Ed D Jason (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1947 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from 1942 ____, 19__, to 1946, 19__;
that I last saw him alive on December, 19 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic myocarditis	5 yrs
Due to Syphilis	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 306
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 2

23. Signature R. A. Mahoney ~~(M. D. or other)~~ DO.
Address Joplin Mo. Date signed 2/24/47

138 (Licensed Embalmer's Statement on Reverse Side)

47-3-191

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.