S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10167

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 50

1. PLACE OF DEATH:
(a) County Nodoway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community life

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

3. (a) PRINT FULL NAME HARRIET LOUISE MEEK
3. (b) If veteran, name war --
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 29 (Day) 1931 (Year)

8. AGE: Years 16 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Tarkio (City, town, or county) Missouri (State or foreign country)
10. Usual occupation student
11. Industry or business
MOTHER FATHER
12. Name Harry Meek
13. Birthplace Tarkio (City, town, or county) Missouri (State or foreign country)
14. Maiden name Marie Cook
15. Birthplace Tarkio (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Marie Meek
(b) Address Tarkio, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.
19. (a) 3-17-47 (Date received local registrar) (b) Beaso Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1947 hour 7 minute 30 a. M.
21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19.. that I last saw her alive on March 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure from an old Myocardial Degeneration, & Dilatation — Duration
Due to Chorea with Endocarditis 3 yrs ago —
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 Chas. T. Bell (M. D.)
Address Maryville, Mo. Date signed 3/15/47

229 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....Jno. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, 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.**