

No. 2
-12-45
5-17-39

X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

12225

FILED MAR 26 1947 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 359

Primary Registration District No. 4528

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Moundsville
(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
In this community 35 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME James T. Meadows
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 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 About - 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about - 79 hr. min.

9. Birthplace Vernon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business
12. Name Eliza Meadows
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Tuel
(b) Address Nevada Mo
17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation none

18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada Mo.
19. (a) MAR 24 1947 (b) Mrs Ruth Faith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Moundsville Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18th
year 47 hour 9 minute P. 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 Suffocation
Burning Building (Home)
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy no

Duration
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) Accident 108
(b) Date of occurrence 3-18-47 9:15 P.M.
(c) Where did injury occur? Moundsville Vernon Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? _____ (Specify type of place) (e) Means of injury Suffocation
23. Signature Mark Eichinger (M. D. or other) Coburn
Address Nevada, Mo Date signed 3-19-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 8-47-306
Date Filed 3-25-47

STATEMENT BY LICENSED EMBALMER *not*

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 *Marcel Eichinger*
Licensed Embalmer No. *2656*
P. O. Address *Nevada, 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.