

No. 2  
-5-43  
5-17-39  
336571

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14023

State File No. \_\_\_\_\_

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Aurora Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett, Rural 0  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Ellsworth Meador

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bess Meador

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 7 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	7	20	hr. _____ min.
----	---	----	----------------

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas J. Meador

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Withers

15. Birthplace Don't Know 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bess Meador 7

(b) Address Monett, Missouri

17. (a) Burial (b) Date thereof Mar. 29 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Bennett, Wormington

(b) Address Monett Missouri

19. (a) Apr 3-47 (b) Ora Mae Nath  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27  
year 1947 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 25 to March 27, 1947

that I last saw him alive on March 27, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pneumonia

Due to Tubercular Pneumonia and Injury of Left Shoulder

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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 5

(b) Date of occurrence Mar. 30 1947

(c) Where did injury occur? Monett, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Monett, Mo. Date signed 3-25-47

157

RECEIVED

District Health Officer No. 6;

District File Number 447-399

Date Filed APR 15 1947

SEP 23 1949

---

---

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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

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.

Registration District No. 175

Primary Registration District No. 2036

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Assaria  
(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)

3. (a) PRINT FULL NAME Elmer E. Meador

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days (Unless than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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 Mar year 1947 hour 27 minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Mar. 20 - 1947

(c) Where did injury occur? Wesley Barber MD (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Wesley Barber at home (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Wesley Barber MD (M. D. or other) Address Wesley Barber MD Date signed 4-29-47

SUPPLEMENTARY

14023