

FILED MAR 19 1947

Registration District No. 326

Primary Registration District No. 6107

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Scotland
(b) City or town Granger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 40 yrs
years, months or days)

3. (a) PRINT FULL NAME Sarah J Meeker

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

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

6. (b) Name of husband or wife Henry Meeker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 16 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Ovin S. Jones
13. Birthplace Penn
14. Maiden name Fay Sedam
15. Birthplace Clark Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fay Worfield
(b) Address Granger Mo

17. (a) Burial (b) Date thereof April 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director Arthur B. Baskett

(b) Address Memphis Mo

19. (a) May 3-47 (b) Mrs. E. E. Parrish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Granger
(If outside city or town limits, write "RURAL")

(d) Street No. none (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb-16th 1947 to March 29th 1947
that I last saw him alive on March-29th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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:

(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature J. H. Chamney (M.D. or other) DO

Address Katoha Mo Date signed April 1 1947

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

79

3

99

0

0

0

Duration

83A

12/1947

RECEIVED
District Health Officer No. 10
District File Number 547-860
Date Filed MAY 17 1947

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 Albert C Gersh

Licensed Embalmer No. 4257

P. O. Address Memphis 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.