

S. No. 2  
1-12-45  
7. 5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 11 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23439**

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **901**

**1. PLACE OF DEATH:**

(a) County Puchanan

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

(c) Name of hospital or institution:  
State Hospital no 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr 2 mo 16 day  
(Specify whether years, months or days)

In this community 2 yr 2 mo 16 day  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Johnson

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

(d) Street No. 1  
(If rural, give location) 7

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Edith Meredith

3. (b) If veteran, name war Not given

3. (c) Social Security No. not given

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced ? 0

6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased June 15 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>59</u>	<u>1</u>	<u>16</u>	hr. min.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31st  
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1947, to July 31, 1947.  
that I last saw her alive on July 30, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration \_\_\_\_\_

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.

MOTHER FATHER

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

10. Usual occupation Housework

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

12. Name Ed. Meredith

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

14. Maiden name Edna Kroppe

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

16. (a) Informant Ada Meedell  
(b) Address Knobnoster Mo

17. (a) Removal (b) Date thereof July 31 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster Mo

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 1946 Colburn St, St Joseph, Mo

19. (a) Aug 1 1947 (b) E. C. Johnston  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Jesse Thomas (M. D. or other)  
Address At Joseph Mo Date signed 7/31

(Licensed Embalmer's Statement on Reverse Side) of State Hosp no 2

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

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**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 B. Harrington* .....

Licensed Embalmer No. *3258 Missouri* .....

P. O. Address..... *St. Joseph, 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.**