S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33748

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1316

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2710 Doniphan St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. XXXXXXXXXXX. 2710 Doniphan St. (If not in hospital or institution, write street number or location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORTEZ F. MEADOWS
3. (b) If veteran, name war None
3. (c) Social Security No. 497-12-0122

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Orlena
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased October (Month) 23, (Day) 1890 (Year)

8. AGE: Years 57 | Months 0 | Days 90 | If less than one day ..... hr. ..... min.

9. Birthplace Maitland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School teacher
11. Industry or business None

FATHER
12. Name Alonza Meadows
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hettie Riley
15. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Jeanetta Hawkins
(b) Address 2710 Doniphan St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 11-6-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 282

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1947 hour 12 minute :45 A. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw him alive on 10/28 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis over 4 mo
Due to
Due to Primary Ca Kidney over 4 mo
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 52 ft

Duration

PHYSICIAN
Underline the cause of 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 Clifton Knight (M. D. or other) MD
Address 218 No 7th St Joseph, Mo. Date signed 11/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Roland W. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

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.