No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41316

Registration District No. FILED DEC 17 1947

Primary Registration District No. 4180

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Tom Priest!
(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)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No.: Terry Boarding House 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: Grover Cleveland Meineke
3. (b) If veteran, name war: None
3. (c) Social Security No. 527-05-6741

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hewett Meineke
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: March (Month) 25 (Day) 1884 (Year)

8. AGE: Years 63 Months 8 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Redbird (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Professor
11. Industry or business: —
FATHER
12. Name: Unknown 9
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Melissa Sorrell
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Hewett Meineke
(b) Address: Campbell, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: Landers Funeral Home
(b) Address: Campbell, Missouri
19. (a) 12/6/47 (Date received local registrar) (b) Mrs. Beneal Campbell (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 28th year 1947 hour ..... minute 4:00 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.

Duration

Immediate cause of death: Coronary Occlusion

Due to: High Pertion

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 9 4 A

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 3

23. Signature: Walter A Hutchins M.D.
Address: Kennett Mo. Date signed: 11-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1948

RECEIVED
District Health Office No. 2,
District File Number 1242. 1580
Date Filed 12-1-47

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.