

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

FILED JAN 19 1948

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Bethany Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 minutes (Specify whether  
In this community passing through  
years, months or days None)

3. (a) PRINT FULL NAME A. F. Meredith  
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 ALVINA 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased: 5 / 10 / 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 7 hr. min.

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

10. Usual occupation Minister

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

MOTHER FATHER { 12. Name Alvino F. Meredith  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Gray  
15. Birthplace Hames  
(City, town, or county) (State or foreign country)

16. (a) Informant Alvina Meredith  
(b) Address Ollie, Iowa

17. (a) Removal (b) Date thereof 12-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ollie Iowa

18. (a) Signature of funeral director McHarris  
(b) Address Bethany Mo.

19. (a) Dec. 17-47 (b) J. Gola Burris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Hookruk  
(c) City or town Ollie  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17  
year 1947 hour 2 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 17 to Dec 17, 1947,  
that I last saw him alive on Dec 17, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture Duration Blow  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1700  
Of autopsy 2  
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  
(b) Date of occurrence Dec 17 1947  
(c) Where did injury occur? 5 miles north Bethany Harrison Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U.S. highway # 69.  
While at work? \_\_\_\_\_ (Specify type of work) (e) Means of injury \_\_\_\_\_

23. Signature Merrigan D. or other MO  
Address Bethany Mo Date signed Dec 17

Call with other M. Vehicle

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

JAN 21 1950

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.....

*W. B. Haas*

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.