

FILED MAY 1 1948  
 Registration District No.                     

Primary Registration District No. 3072

Registrar's No. 75

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

**1. PLACE OF DEATH:**  
 (a) County Saline  
 (b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
770 So. Salt Pond  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Saline  
 (c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 770 So. Salt Pond  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country                     

**3. (a) PRINT FULL NAME** John H. Meek  
 3. (b) If veteran, name war #                       
 3. (c) Social Security No. #                     

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 10<sup>th</sup>  
 year 1948 hour 1 minute 55 P.M.  
 21. I hereby certify that I attended the deceased from march  
30, 1948, to                     , 19                      
 that I last saw him alive on April 10, 1948  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Weltha E. Meek  
 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased: January 24 1881  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Stomach  
 Due to Gastric ulcers for several years  
 Due to                     

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>16</u>	hr. <u>                    </u> min. <u>                    </u>

Other conditions Chronic Prostatitis  
(Include pregnancy within 3 months of death)

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

Major findings:  
 Of operations H&B  
 Of autopsy                     

**MOTHER FATHER**  
 11. Industry or business                       
 12. Name Henry Harrison Meek  
 13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lucy Jane Meek  
 15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

**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?  
                    

16. (a) Informant Mrs. Melvin Meeks  
 (b) Address Marshall, Mo.  
 17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 4/12/48  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Ridge Park Cemetery

23. Signature Geo. T. Mueller D. or other                       
 Address Marshall, Mo Date signed 4/12/48  
(Specify type of place) (e) Means of injury:                     

18. (a) Signature of funeral director J. Lolic Perry  
 (b) Address Marshall, Mo.  
 19. (a) 4/2-1948 (b)                       
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-20-48

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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.....

*Marvin V. Newton*

....., Registered Apprentice No. 51

working under my personal supervision.

Signed.....

*J. Leali Summey*  
.....  
Licensed Embalmer No. 3235

P. O. Address.....

*Marshall, 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.