

No. 2
-1/47
5-17-39

National Office of Vital Statistics

FILED MAY 28 1948

Registration District No. 701

Primary Registration District No. 4173

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

1. PLACE OF DEATH:

(a) County... Douglas

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

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Douglas

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

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

(e) Citizen of foreign country?... (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... George Meggitt

3. (b) If veteran, name war... Spanish-American

3. (c) -Social Security No.

4. Sex... Male
5. Color or race... White

6. (a) Single, widowed, married, divorced... Divorced

6. (b) Name of husband or wife...

6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... May 9, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	11	7	...hr. ...min.

9. Birthplace... Goul, England
(City, town, or county) (State or foreign country)

10. Usual occupation... Sailor

11. Industry or business...

12. Name... George T. Meggitt

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

14. Maiden name... Mary Anne Garner

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

16. (a) Informant... John Meggitt

(b) Address... Omaha, Nebr.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof... 4-17-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Ava

18. (a) Signature of funeral director... Clinkingbeard Funeral Home

(b) Address... Ava, Missouri

19. (a) Date received... May 3-48
(Date received local registrar)

(b) Westel Buchanan
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 15 year... 1948 hour... 11 minute... 30 A. M.

21. I hereby certify that I attended the deceased from 4-14 1948 to 4-15-48 1948

that I last saw him alive on 4-15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral hemorrhage
Chronic city

Due to...

Due to...

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

Major findings:
Of operations...
Of autopsy...

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... D. C. P. ... (M. D. or other) ...

Address... Ava Mo. Date signed... 4-17-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 548-649

Date Filed MAY 26 1948

1948

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. Hutchison

Licensed Embalmer No. 3431

P. O. Address Oran 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.