

10-47
17-39
3906

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 6 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33006**
4234
Registrar's No. _____

Registration District No. **249**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7432 Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **47 years**
years, months or days

3. (a) PRINT FULL NAME **Fred Meredith**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Jessie B. Meredith**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **May 6th. 1870**
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Booneville Missouri ()**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Indiana Carriage Co.**

12. Name **Joseph Meredith**

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

14. Maiden name **Elizabeth Moss**

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

16. (a) Informant **Mrs. Jessie B. Meredith**
(b) Address **7432 Park Ave.**

17. (a) Burial (b) Date thereof **10-18-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**

19. (a) 10-18-48 (b) **Staldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7432 Park Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **16**
year **1948** hour **2** minute **15** M.
21. I hereby certify that I attended the deceased from **1945**
_____, 19____ to **Oct 16, 1948**
that I last saw him alive on **Oct 15, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration _____
Due to **Chronic Cardio-Vascular-Thrombotic disease** **over 3 1/2 yrs**

Other conditions **Cerebral Encephalopathy**
Cerebral Fibrillation
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy **1310**
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) _____
(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? _____

While at work? **Yes** (Specify type of place) **Glen H. Broyles** (Specify means of injury) **DL**
23. Signature **Glen H. Broyles** (M. D. or other)
Address **1132 Commercial Bldg** Date signed **10/16/48**

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 *Alvin C. Wudelin*
Licensed Embalmer No. 3495-
P. O. Address N. C. 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.