

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4943

State File No. 599

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 599

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonner Springs	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 316 Sheidley Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED a. (First) Thomas		b. (Middle) Alphy		c. (Last) MEREDITH		4. DATE OF DEATH (Month) Feb. (Day) 7, (Year) 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 7, 1903	
9. AGE (In years, by birthday) 45		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Oskaloosa, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA							

13a. FATHER'S NAME Wm. S. Meredith		13b. MOTHER'S MAIDEN NAME Clara Lawrence		14. NAME OF HUSBAND OR WIFE Christine Meredith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 509-01-1643		17. INFORMANT'S SIGNATURE OR NAME Mrs. Christine Meredith, Bonner Springs, Ks.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fractured skull			
DUE TO (c) laceration of brain			
II. OTHER SIGNIFICANT CONDITIONS - interstitial subdural + subarachnoid hemorrhage Conditions contributing to the death but not related to the disease or condition causing death. supplementary report			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bonner Springs Jackson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-5-50 3 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall from 12-3	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Park Bldg		23c. DATE SIGNED 2-7-50	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-7-50		24c. NAME OF CEMETERY OR CREMATORY Bonner Springs	
24d. LOCATION (City, town, or county) (State) Bonner Springs, Kansas					

DATE REC'D BY LOCAL REG. 2-8-50		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	
				ADDRESS Kansas City, Mo.	

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

STATEMENT BY LICENSED EMBALMER

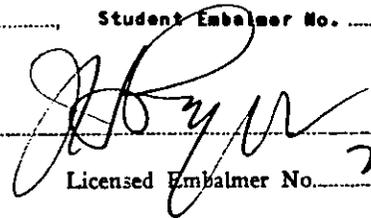
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 2999

P. O. Address..... KC

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.