S. No. 2
—11-10-39
5-17-39
MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15354

Registration District No. 479 Primary Registration District No. 5643a Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lewis

(b) ~~City or town~~ Rural Redish Twp

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

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 70 yrs 126

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town "Rural" North of LaBelle, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. Redish Twp. North of LaBelle

(If rural give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maude A. Meriwether

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. Wm. Meriwether

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

7. Birth date of deceased September (Month) 17 (Day) 1869 (Year)

8. AGE: Years 70 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Harvey Hinkson
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet M. Bridge
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Louise M. Slagel

(b) Address La Belle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 24th (Day) 1940 (Year)

(c) Place: burial or cremation LaBelle Cemetery

18. (a) Signature of funeral director James T. Coder & Son

(b) Address LaBelle Missouri

19. (a) 4/24/1940 (Date received local registrar) (b) J L Bowen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Feb. 10th 1940, to April 22 1940; that I last saw her alive on April 22nd 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of bladder	6
Due to Metastasis from Breast operation	Months
Due to	
Other conditions (Include pregnancy within 3 months of death)	50

Major findings: Of operations Breast Amputation disclosed Cancer

Of autopsy

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)

(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? 432 (Specify type of place)

While at work? (e) Means of injury

23. Signature A. H. Gillard (M. D. or other)

Address LaBelle Mo. Date signed 4/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 5-40-1008
Date Filed MAY 10 1940

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 Norman D. Coder, Registered Apprentice No. ....., working under my personal supervision.

Signed Norman D. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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, above space should be left blank.