

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26733

State File No.

FILED AUG 28 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 788

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 635 Mt. Mora Road /
(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 Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 635 Mt. Mora Road (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hettie Meadows

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 Alonzo Dan Meadows 6. (c) Age of husband or wife if alive 6 years 1873
7. Birth date of deceased November (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1942 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 8th 1942 to August 9th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 30 hrs.
Due to Arteriosclerotic cardiovascular disease

8. AGE: Years 68 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Sanford T. Riley
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Louise Keetley (State or foreign country)
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Lester Meadows

(b) Address 3302 Locus
17. (a) Burial (b) Date thereof Aug 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park
18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St. Joseph, Missouri

19. (a) 8-11-42 (b) Rose Hegoy (Date received local registrar) (Registrar's signature)

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? (Specify type of place) (e) Means of injury

23. Signature Ed Grant M.D. (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 8-10-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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.....

8/9/72

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John L. Hunter*.....

Licensed Embalmer No. *4050*.....

P. O. Address *St Joseph 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.