S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

13953

State File No.

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: A.S.O. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis Rural (If outside city or town limits, write "RURAL")

(d) Street No. 99 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Riley Meeks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of ~~husband~~ or wife Sadie Meeks

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 23 (Day) 1866 (Year)

8. AGE: Years 77 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Scotland (City, town, or county) Co. Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Meeks
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Martha Carr
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs W. B. Boon

(b) Address Granger Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6-44 (Month) (Day) (Year)

(c) Place: burial or cremation McGrady Cemetery

18. (a) Signature of funeral director Gertrude Baskett

(b) Address Memphis Mo

19. (a) 4/8/44 (Date received local registrar) (b) Rev. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 31, 1944 to April 4, 1944 that I last saw him alive on April 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John H Denby (M.D. or other) D.O.

Address Kirksville Date signed 4/4/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-44-850
Date Filed MAY 11 1944

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 Fred Guth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.