

FILED JAN 11 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 15

Primary Registration District No. 5072

Registrar's No. 76

1. PLACE OF DEATH:
Barton
 (a) County _____
 (b) City or town Lamar, Rural Newport Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Lamar R.F.D. 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES ALEXANDER MEREDITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Meredith 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 25, 1867
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Simeon Meredith

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

14. Maiden name Phoebe Ashbaugh

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

16. (a) Informant Alpha Meredith

(b) Address Lamar, Mo. R.F.D. 4

17. (a) burial (b) Date thereof Jan. 2, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City, Mo.

19. (a) Jan 2, 1946 (b) Marie Kanantz
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1946 hour 8 minute 25 M.

21. I hereby certify that I attended the deceased from Dec 26 1945 to Dec 30 1945 that I last saw him alive on Dec 30 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pneumonia Duration 3 days

Due to Metastatic breast disease probably of several years duration

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Brooks (M. D. or other)

Address Golden City, Mo. Date signed Dec 31-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 146-28

Date Filed JAN 8 1946

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.....

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.