

FILED JUL 21 1947

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5064

State File No. 23313

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Rural- Le Roy Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon 75
 (c) City or town Alton
(If outside city or town limits, write "RURAL")
 (d) Street No. 2
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 1
 -If yes, name country _____

3. (a) PRINT FULL NAME EVIE B. MEREDITH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 28
 year 1947 hour 2 minute 00 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ira B. Meredith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 12 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on _____ 1947 to Mar. 27, 1947
 that I last saw her alive on Mar. 27, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 5 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death Myocardial Insufficiency; 3 da.
 Due to Senility, pronounced weight loss
 Due to Pulmonary Tuberculosis; 10 yrs.
 Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Marshall County, Indiana
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Emanuel Mentzer
 13. Birthplace Crawford County, Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Martha J. Hartman
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Thornton
 (b) Address Liberal, Missouri
 17. (a) Removal (b) Date thereof Mar 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Edmond, Oklahoma
 18. (a) Signature of funeral director KOWANTZ FUNERAL HOME
 (b) Address Lamar, Missouri
 19. (a) March 31 47 (b) H. A. Kucel
(Date received local registrar) (Registrar's signature)

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? 2
(Specify type of place)
 - While at work? _____ (e) Means of injury _____
 23. Signature M. H. Kucel (M. D. or other) DO
 Address Liberal, Mo. Date signed 3-31-47

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Carl F. Conantz

Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.