S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

Registration District No. 296

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25122

Primary Registration District No. 6018

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Ray

(b) City or town R.F.D. #2 Orrick Rural Fishing River Township
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Orrick Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eddie John Meinkey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jennie M. Meinkey

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. (Month) 28 (Day) 1884 (Year)

8. AGE: Years.	Months	Days	If less than one day
62	3	2	hr. min.

9. Birthplace Fontalle (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Charles Meinkey

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

14. Maiden name Jane Toller

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

16. (a) Informant Mrs. Jennie M. Meinkey

(b) Address Orrick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director E. Thurman

(b) Address Richmond, Mo.

19. (a) 6/4/47 (Date received by local registrar) (b) Helen J. Larkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1 1947 to March 30 1947 that I last saw him alive on March 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Carcinoma of Optic Nerves.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (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? (c) Means of injury 0

23. Signature E. E. Fay. (M. D. or other)

Address Richmond Date signed 3/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed .....8-8-47.....

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. 2073

P. O. Address Richmond, 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.