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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37564

FILED DEC 2 1948

Registration District No. 2973

Primary Registration District No. 5919

Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Lithium Mo.
(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: 80-3-13 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry 79

(c) City or town: Lithium Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: Bell Meredith

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Harry Meredith

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: July (Month) 23 (Day) 1868 (Year)

8. AGE: Years 80 Months 3 Days 13 If less than one day hr. min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business:

MOTHER FATHER

12. Name: William Allen

13. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Anna Meredith

15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Harry Meredith

(b) Address: Lithium Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Perryville Mo.

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo

19. (a) 11-8-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1948, to Nov 6, 1948, that I last saw him alive on 11/5/48, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: [illegible] (M. D. or other)

Address: Perryville Mo Date signed 11/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1248-14

Date Filed 12-1-48

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.