

UNITED STATES DEPARTMENT OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **25122**

FILED AUG 14 1947

Registration District No. **296**

Primary Registration District No. **6018**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Ray**
 (b) City or town **Fishing River Road**
 (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 years, months or days

3. (a) PRINT FULL NAME **Eddie John Meinkey**

3. (b) If veteran, No 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 **Jennie M. Meinkey** 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **Dec. 28 1884**
 (Month) (Day) (Year)

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

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Charles Meinkey**
 13. Birthplace **Unknown Germany**
 14. Maiden name **Jane Toller**
 15. Birthplace **Chicago Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jennie M. Meinkey**
 (b) Address **Orrick, Mo.**

17. (a) **Burial** (b) Date thereof **April 2 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Richmond, Mo.**

18. (a) Signature of funeral director **E. E. Spay**
 (b) Address **Richmond, Mo.**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
 (c) City or town **Orrick Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.

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 **March 29 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 **Carcinoma of optic nerves**
 Due to
 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) **No**
 (b) Date of occurrence **No**
 (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)
 (c) Means of injury
 23. Signature **E. E. Spay** (M. D. or other)
 Address **Richmond** Date signed **6/4/47**

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

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.