U. S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 25 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34903-A

Registration District No. 192 Primary Registration District No. 5707 Registrar's No.

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town McMillen Tp. Rural
(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) All His life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald
(c) City or town McMillen Tp. 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

3. (a) PRINT FULL NAME Isaac Zebee Meares
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud B. Mears
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased March (Month) 24 (Day) 1869 (Year)

8. AGE: Years 53 Months 9 Days 7 If less than one day hr. min.

9. Birthplace McDonald County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name W. H. Meares
13. Birthplace Not Known (State or foreign country)
MOTHER 14. Maiden name Jennie Hamlin
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Maud B. Mears
(b) Address Anderson, Mo.
17. (a) Jan. 2. 1923 (Burial, cremation, or removal) (b) Date thereof Burial (Month) (Day) (Year)
(c) Place: burial or cremation McMillen Cemetery
18. (a) Signature of funeral director Tatum Undertaking
(b) Address Anderson, Mo.
19. (a) 1-15-49 (Date received local registrar) (b) Virginia Buck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1922 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct. 2nd, 1922 to Dec. 30, 1922 that I last saw him alive on Dec. 30, 1922; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach — Duration 18 Months
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)
(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

23. Signature S. B. Buck (M. D. or other)
Address Anderson, Mo Date signed 1/14/49

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1949

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.....

P. O. Address.....

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.