

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2642

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020 Registered No. 12
(c) City Carthage (d) Street No. 901 South Fulton St.
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James T. Medearis
(a) Residence, No. 901 South Fulton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Mefford Medearis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 11 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police Judge
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

13. NAME Thomas Medearis

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Susan Carns

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Medearis
(ADDRESS) 901 S. Fulton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE Jan. 21-39

19. FUNERAL DIRECTOR Ulmer Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED Jan. 20, 1939 E. J. McEntire, M.D.
Local Registrar. 865

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20-39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939 to Jan 20, 1939
I last saw h. i. m. on early on Jan 20, 1939. Death is said to have occurred on the date stated above, at 7:15 a. m.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis
Date of onset Jan 20, 1939

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis Cleveland Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) M. J. Harris M. D.

(Address) 414 Sherman St., Carthage, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6

District File Number 6-39-385

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *E. L. ...*

Licensed Embalmer No. 2227

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.)