

REC'D MAR 10 1939

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

6609
Do not use this space.

1. PLACE OF DEATH *2*

(a) County *Greene* Registration District No. *321*

(b) Township *Washington* Primary Registration District No. *5448* Registered No. *69*

(c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *William Allen Meese*

(a) Residence, No. *Rogersville, Mo. R#1* St. (If nonresident, give city or town and State)

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 *Telley Meese*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 20, 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

69 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

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) (STATE OR COUNTRY) *Illinois*

FATHER 13. NAME *Frank Meese*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER 15. MAIDEN NAME *Jane Boyd*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Mrs Nettie Payne*
(ADDRESS) *Springfield, Mo. R#8*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Manly cem.* DATE *Feb. 6, 1939*

19. FUNERAL DIRECTOR *J.W. Maples*
(ADDRESS) *Cheer, Mo.*

20. FILED *March 8, 1939 Mrs. Pearl Hughes Mitchell*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 4, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1, 1939*, to *Feb 4, 1939*

I last saw him alive on *Feb 4, 1939* Death is said

to have occurred on the date stated above, at *10 P.m.*

The principal cause of death and related causes of importance were as follows:

Feb Apoplexy 92 M
High Blood Pressure
1-10-39 Apoplexy Jan 10 39

Date of onset *1-4 39*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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?

If so, specify *Stroke*

(Signed) *St. C. H. H. H.*, M. D.

(Address) *Rogersville Mo.*

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ^{not} _____

_____ L. E. _____

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

working under my personal supervision.

Signed J. H. Maples

Licensed Embalmer No. 2985

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.)