

1939 DEC 15

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

39949  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Galena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 1802 Grand St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward E. Mead

(a) Residence, No. 1802 Grand 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 Katherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired 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 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plamville, Ind.

FATHER 13. NAME Thomas E. Mead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Ind.

MOTHER 15. MAIDEN NAME Keziah Jeans

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

17. INFORMANT Mrs. Katherine Mead  
 (ADDRESS) 1802 Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 11-22-39

19. FUNERAL DIRECTOR Thornhill-Dillon  
 (ADDRESS) Joplin, Mo.

20. FILED 11-20-39 James  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939 to Nov. 19, 1939  
 I last saw him alive on Nov. 19, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Apoplexy  
gib  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Chr. Arteriosclerosis and cystitis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinal Phys. & Autopsy None

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. B. Chapman M. D.  
 (Address) Joplin, 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 1239-2499

Date Filed DEC 7 1939

JUN 18 1948

STATEMENT BY LICENSED EMBALMER

I, Don Tetrick, 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 Don Tetrick

Licensed Embalmer No. 4008

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.)



