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10-39
7-39
K21492

Registration District No. 170

Primary Registration District No. 990

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural Marion Twp
(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
In this community 2 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Isaac Newton Meese

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maggie Caldwell Meese 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 26 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Pock Creek Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Henry Meese

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Jamama Watson

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Matruide Farris
(b) Address Balmar, Mo.

17. (a) Removal (b) Date thereof 6-6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Petersburg Ill.

18. (a) Signature of funeral director Albute - Edman
(b) Address Balmar Mo.
19. (a) 6-6 (b) J. J. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Balmar Rural
(If outside city or town limits, write "RURAL")
(d) Street No. NE of Balmar mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1
_____ 19 40 to July 4 19 40;
that I last saw him alive on June 4 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____
cerebral apoplexy Duration 3 days

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, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
630 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. H. ... (M. D. or other)
Address Balmar Mo. Date signed 6-5-40

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

OCT 21 1937

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1037
Date filed 7-15-42

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, ~~only~~

Personally, Registered Apprentice No. _____
working under my personal supervision.

Signed Willard B. Ewen

Licensed Embalmer No. 3092

P. O. Address Baltimore Md.

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, above space should be left blank.