

FILED AUG 29 1941

Registration District No. 621

Primary Registration District No. 4381

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Koshkonong
(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 40 years
years, months or days)

3. (a) PRINT FULL NAME Victoria Melear
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Burr Isaac Melear 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 28 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Tidwell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nannie Heseapple
(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 6/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong, Mo.

18. (a) Signature of funeral director _____

(b) Address Thever, Mo.

19. (a) July 31 (b) Perla Heseapple
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75-
(c) City or town Koshkonong 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 23 1941
that I last saw her alive on June 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myo nephrotic
of unknown heart disease
Due to Senility
Due to 131a

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address _____ Date signed 7-7-41

RECEIVED

District Health Officer No. 5,

District File Number. 8411038

Date Filed _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28983

Registration District No. 631

Primary Registration District No. 4381

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Roshkoney
(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.....
In this community.....
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Victoria McLean

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov 28 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 9 If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer no

19. (a) Oct 24 1941 (b) Yvette Hoesapple
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 23
Year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw him/her alive on.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

Roshkoney

The first part of the document discusses the general situation of the country and the progress of the revolution. It mentions the importance of the people's participation in the construction of a new society. The text is written in a formal, official style, typical of government documents from that period.

The second part of the document details the economic and social policies implemented by the government. It focuses on the development of agriculture and industry, as well as the improvement of living standards for the population. The document emphasizes the role of the state in guiding the economy and ensuring social justice.

The third part of the document addresses the political and administrative aspects of the revolution. It discusses the structure of the government and the role of various organizations in the process of building a new state. The text highlights the commitment to democratic principles and the participation of the masses in decision-making.

The final part of the document concludes with a call to action, urging the people to continue their efforts in the struggle for a better future. It reaffirms the government's dedication to the principles of socialism and the well-being of the nation.