V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17542

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 130

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

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carter 18
(c) City or town: Ellsinore 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Mee
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Eunice Mee
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan 28, (Month) 1873 (Day) (Year)

8. AGE: Years 69 Months 2 Days 21 If less than one day hr. min.

9. Birthplace: Akron (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Retired
11. Industry or business: laborer
FATHER
12. Name: John Mee
13. Birthplace: Akron (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name: Elizabeth Barcomb
15. Birthplace: (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant: Martha Moore
(b) Address: Ellsinore
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Greer Croy Service
18. (a) Signature of funeral director: Poplar Bluff, Mo.
(b) Address:
19. (a) 4-20-42 (Date received local registrar) (b) Belle Nunne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour minute P. M.
21. I hereby certify that I attended the deceased from 7 pm Apr 18, 1942, to Apr 19, (2:00 pm) 1942 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	
Due to: Secondary degree burns of thigh	
Due to: the escape of the body	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations:	
Of autopsy: None	

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): Accident 018
(b) Date of occurrence: 4-18-42
(c) Where did injury occur? Ellsinore (City or town), Carter (County), Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: Burning with kerosene
23. Signature: C H Porter (M. D. or other)
Address: Poplar Bluff, Mo Date signed: 4-20-42

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 542-690
Date Filed 5-13-42

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, 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.