

FILED JUN 19 1942

Registration District No. 278

Primary Registration District No. 5694

State File No. _____

Registrar's No. 33

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Mc Millie Rur Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether
In this community 65 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Mc Millie Rur
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME JOHN DAVID MEARES

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 married
6. (b) Name of husband or wife Ida Meares 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 3 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 10 hr. ✓ min.

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

10. Usual occupation merchant

11. Industry or business ✓

12. Name Joseph Meares
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Carl
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Richard H Meares

(b) Address Anderson Missouri

17. (a) Burial (b) Date thereof 5 15 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cummings Chapel

18. (a) Signature of funeral director Richard E. Cheater

(b) Address Anderson Mo.

19. (a) 5-14-42 (b) W. H. Mitchell
(Date received local registrar) (Registrar's signature)

240 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 2 - 42
1942 to May 13 1942

that I last saw him alive on May 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to Stroke

Due to _____

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature S. B. [unclear] (M. D. or other) [unclear]

Address Anderson Mo. Date signed 5-23-42

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 6,

District File Number 642-877

Date Filed JUN 17 1942

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 me

Registered Apprentice No. ✓

working under my personal supervision.

Signed

Richard E. Cheatham

Licensed Embalmer No. 3819

P.O. Address Anderson, Ohio

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.