S. No. 2
-11-10-39
5-17-39
I X21492

700

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26633

State File No.

Registration District No. 18

Primary Registration District No. 5886

Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Rural Harper 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 years, months or days)

In this community: 44 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Bates 7

(c) City or town: Rural 0
(If outside city or town limits write "RURAL")

(d) Street No.: 3 miles No. Amoret
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Isaac Mears

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 12 (Day) 1858 (Year)

8. AGE: Years 84 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation: Laborer — Farmers

11. Industry or business:

FATHER
12. Name: William Alexander Mears
13. Birthplace: Unk (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Martha Unk
15. Birthplace: Unk (City, town, or county) Ill. (State or foreign country)

16. (a) Informant:
(b) Address: Amoret 1770

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Benjamin C.

18. (a) Signature of funeral director:
(b) Address: Hinsterstan 1770

19. (a) Aug 10, 1942 (Date received local registrar) (b) [illegible] Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1942 hour 1045 minute M.

21. I hereby certify that I attended the deceased from Aug. 1, 1942, to Aug. 8, 1942, that I last saw him alive on Aug. 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Carcinoma — Duration: 4 yrs.

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 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: W. H. Schuster D.O.
Address: Amoret, Missouri Date signed 8-8-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-42-940
Date Filed 9-8-42

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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 1770

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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26633

Registration District No. 18 Primary Registration District No. 0086 Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Rural
(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 years, months or days)
In this community: 44 yrs.

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: Isaac Mean

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

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: April (Month) 12 (Day) 1858 (Year)

8. AGE: Years 84 Months 4 Days 28 If less than one day hr. ..... min.

9. Birthplace: (City, town, or county) ..... Ill (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: Mattie Bain

(b) Address: Amoret, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 8, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Benjamin Cemetery

18. (a) Signature of funeral director: M. Ringold

(b) Address: Amsterdam, Mo

19. (a) Aug. 10, 1942 (Date received local registrar) (b) Mrs. J. P. Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
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 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 .....

SUPPLEMENTARY