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FILED FEB 18 1944

State File No. _____

Registration District No. 379

Primary Registration District No. 4243

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Paris, Va. (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 4.3 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster ¹¹⁹

(c) City or town Rural (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 Lillie May Meise

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1944 hour 5 minute _____ PM

21. I hereby certify that I attended the deceased from 3-15- 1943 to 1-29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred W Meise

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased: Sept 25 1863 (Month) (Day) (Year)

Due to arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 78 Months 4 Days 4 If less than one day _____ hr. min.

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation House wife

11. Industry or business _____

MOTHER { 12. Name John Holloway

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

14. Maiden name Mary Ann Merriman

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

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? _____

16. (a) Informant Mrs Nettie Puryear

(b) Address Seymour Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cem

18. (a) Signature of funeral director Kelley Ferrell

(b) Address Seymour Mo

19. (a) Feb 7 (Date received final registrar) (b) Richard Jones (Registrar's signature)

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

23. Signature E. J. Dees (M. D. or other) _____

Address Seymour Mo Date signed 2-1-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 81

District File Number 244-252

Date Filed FEB 15 1947

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 *H. H. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Seymour mo*

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.

Registration District No. 372

Primary Registration District No. 6263

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Webster

(b) City or town General Fenley, W. Va.
(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 _____
years, months or days

3. (a) PRINT FULL NAME Lilla May Meise

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 m

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

7. Birth date of deceased Sept 25 1886
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____ (b) Address _____

19. (a) _____ (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 25 Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
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? _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTAL

MAR 25 1944

8057