

**1. PLACE OF DEATH:**

(a) County Lawrence  
 (b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1712 Days  
(Specify whether years, months or days)  
 In this community 1712 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Clair **93**  
 (c) City or town Amoret  
(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 Ray Medearis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased July 14 1913  
(Month) (Day) (Year)

8. AGE: Years 31 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mount Vernon, Mo.

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

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Hill

(b) Address Appleton City Mo

19. (a) 12/26/44 (b) Audy Crawford  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 1  
 year 1944 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 25 1944 to Dec. 1 1944

that I last saw him alive on December 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pulmonary tuberculosis **Over**

Due to Tuberculous empyema **8 yrs 3 years**

Due to Brain abscess **1 mo.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Autopsy: Brain abscess, rt. frontal lobe; Tbc. empyema, rt., amyloidosis. **PHYSICIAN**  
Of operations **Underline the cause to which death should be charged statistically.**  
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 0

23. Signature Y. I. Luykema (M. D. or other) **Med**

Address Mount Vernon, Mo Date signed 12-1-44

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

5500

RECEIVED  
District Health Officer No. 6,  
District File Number 143-28  
Date Filed JAN 12 1945

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 JMC  
on the 15th day of Dec 1944, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 1111

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.