S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1945

Registration District No. 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9234

Primary Registration District No. 3007

Registrar's No. 58

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: Lucy Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wayne

(c) City or town: Piedmont
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Glen Eugene Mead

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan. (Month) 22 (Day) 1945 (Year)

8. AGE: Years | Months 1 | Days 1 | If less than one day hr. min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Jess Arron Mead

13. Birthplace: Redford (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Ruth Amanda Burke

15. Birthplace: Adams (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Jess Arron Mead

(b) Address: Piedmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 24, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Redford Cem.

18. (a) Signature of funeral director: [illegible]

(b) Address: Piedmont

19. (a) 2-28-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23 year 1945 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from Feb. 22, 1945, to Feb. 23, 1945; that I last saw him alive on Feb. 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	2 da
Due to: Bilateral lobar pneumonia	9 da
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: [illegible] (M. D. or other) MD

Address: Poplar Bluff Mo Date signed 2/27/45

92 3/20/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 345-490
Date Filed 3/2/45

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 Not, Registered Apprentice No. working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.