S. No. 2
M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26858

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 702

1. PLACE OF DEATH:
(a) County GREEN
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOHNS HOSPITAL
(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 DOUGLAS 34
(c) City or town COLD SPRINGS
(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 JOHN HENERY MEARS
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 Widowed
6. (b) Name of husband or wife MARTHA ELIZABETH SISCO MEARS
6. (c) Age of husband or wife if living DEC years
7. Birth date of deceased DEC. (Month) 16th (Day) 1882 (Year)

8. AGE: Years 63 Months 8 Days 9 If less than one day hr. min.

9. Birthplace DOUGLAS CO. (City, town, or county) MO. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name TOM MEARS
13. Birthplace ILLINOIS (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNK.9 (State or foreign country)
16. (a) Informant HARLEY GILBERT MEARS
(b) Address COLD SPRINGS, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Clever Creek
18. (a) Signature of funeral director Lynnee Barber
(b) Address Mtn Grove Mo
19. (a) 8-28-46 (Date received local registrar) (b) by W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1946 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from Aug 24 1946 to Aug 24 1946 and that I last saw him alive on Aug 24 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	3 da
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
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 H. P. Maddux (M. D. or other)
Address Springfield, Mo Date signed 8/28/46

(Licensed Embalmer's Statement on Reverse Side)

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Nth. Grove, 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.