S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

35
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1946

State File No. 29936

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Caruth Mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Caruth 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MRS. KATIE. MEAD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. R. Mead

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased May - 12 - 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	13	..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business — — —

FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. H. Rodgers

(b) Address Rt 1 - Box 18 - Luxora Ark

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-31-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Emerson & Son Funeral Home

(b) Address Jonesboro Arkansas

19. (a) Sep 14 1946 (Date received local registrar) (b) Bertha Kinsolving (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 29
year 1946 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from June 13, 1946 to Aug 29, 1946
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Ham. (Second) Duration 8/15/46

Due to Arterio Sclerosis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

83A

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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E. Gloppe M.D. (M. D. or other)

Address Hornersville Mo Date signed 9/01/46

86 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1143
Date Filed 9-24-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.