. S. No. 2
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v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 541

Registration District No. 61 — Primary Registration District No. 4107 — Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Springs Mo
(If outside city or town limits, write "RURAL")

(d) Street No. RR 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME George Medaris

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 Married

6. (b) Name of husband or wife Mrs. Nora Medaris

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 3 (Day) 1882 (Year)

8. AGE: Years 64 | Months 10 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace El Dorado Sprgs Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name William Medaris
13. Birthplace ..... Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Hulsey
15. Birthplace ~~Carri~~ Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nora Medaris

(b) Address El Dorado Spring Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Springs Mo

18. (a) Signature of funeral director Gwinn Carl Thus

(b) Address El Dorado Spring Mo

19. (a) 1/13/47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 15th, 1946, to Jan 11, 1947; that I last saw him alive on Jan 9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	
Due to Chronic parenchymatous nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131B	

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 2

23. Signature C. H. Sunderwirth (M. D. or other) DO

Address El Dorado Spgs. Date signed 1-13-47

(Licensed Embalmer's Statement on Reverse Side)

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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 Floyd E Carathers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs m

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.