

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 4 1947

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

18539

Do not use this space.

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 316  
 (b) Township Iron Primary Registration District No. 6069 Registered No. 18539  
 (c) City Ironton R.R. 1 (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence (family or town where death occurred) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James D. Meslowe  
 (a) Residence, No. Ironton R.R. 1 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 7-1947

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton R.R. 1, Mo

FATHER  
 13. NAME Ed L. Meslowe  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Mountain, Mo

MOTHER  
 15. MAIDEN NAME Edna Mayo  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Mountain, Mo

17. INFORMANT (ADDRESS) Edna Meslowe Ironton R.R. 1

18. BURIAL, CREMATION, OR REMOVAL No Burial  
 PLACE Iron Mountain DATE May 24 47

19. FUNERAL DIRECTOR (ADDRESS) O. Hill, Disarmark Mo

20. FILED 5/30 19 47 Ether Rudolph  
100 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23<sup>rd</sup> 1947

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1947, to May 23, 1947.  
 I last saw him alive on May 23, 1947. Death is said to have occurred on the date stated above, at 6 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Double  
Injury  
Pneumonia

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? ✓  
 If so, specify Dr. Gale M. D.  
 (Signed) \_\_\_\_\_ (Address) Disarmark, Mo

RECEIVED

District Health Officer No. 4

District File Number 647-268

Date Filed 6-2-47

STATEMENT BY LICENSED EMBALMER

I, Q. J. Hill, Licensed Embalmer No. 1852

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Not Embalmed

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Q. J. Hill  
Licensed Embalmer No. 1852

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.)