No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31646

FILED SEP 22 1947

Registration District No. 160 Primary Registration District No. 30 30 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 413 Ann 1
(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 Missouri (b) County Jefferson 50

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. 413 Ann 1
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Effie E. Meese

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife Wm F. Meese, Sr

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

7. Birth date of deceased Oct (Month) 12 (Day) 1879 (Year)

8. AGE: Years 67 Months 10 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Blackwell (City, town, or county) mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James Enlow 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lillie Belle Hughes 9
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Paul Crail 1

(b) Address Festus mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Festus, mo

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus mo

19. (a) Aug 18 1947 (Date received local registrar) (b) Clara Ballenville (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1947 hour 9 minute 35 P M.

21. I hereby certify that I attended the deceased from July 2, 1947, to Aug 14, 1947, that I last saw her alive on Aug 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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 0

23. Signature Bert Bolger (M. D. or other)

Address Festus, mo Date signed 8/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 1947

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 Elena Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.