

S. No. 2
 1-8-13
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9678
 Registrar's No. 69

FILED MAR 20 1948

Registration District No. 277

Primary Registration District No. 3052

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Bathwell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Meriame
 (c) City or town Richland Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. Florence (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HARRY - MEAD
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 10
 year 1948 hour 7 minute 30 A M.
 21. I hereby certify that I attended the deceased from March 7, 1948, to March 10, 1948
 that I last saw him alive on 9 March, 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased October 9 1975
 (Month) (Day) (Year)

Immediate cause of death Left Heart Failure
 Due to Broncho, Pneumonia
 Due to _____
 Other conditions bronchial asthma
 (Include pregnancy within 5 months of death)

8. AGE: Years 72 Months 5 Days 1 If less than one day _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy 107
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Woodbury County Iowa
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farm helper
 11. Industry or business same

MOTHER FATHER { 12. Name Minor Mead
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name Mary Turman
 15. Birthplace unknown (City, town, or county) (State or foreign country)

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 P. V. Siegel (M.D. or other) _____
 Address Meriame Mo. Date signed 3/10/48

16. (a) Informant Mr. Paul G. Sanders
 (b) Address Florence Mo.
 17. (a) Removal (b) Date thereof 3-11-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Onawa, Iowa
 18. (a) Signature of funeral director Harry Painter
 (b) Address Atterville Mo.
 19. (a) 3-10-48 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature) Deputy

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-19-48

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 _____

myself, Registered Apprentice No. _____,
working under my personal supervision.

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot 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.