

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4275

State File No.

Registrar's No. 97

FILED 3 JAN 30 1946

Primary Registration District No. 4496

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby / d 2

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

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

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

If yes, name country:

3. (a) PRINT FULL NAME Robert Mewes

3. (b) If veteran, name war:

3. (c) Social Security No.

20. DATE OF DEATH: Month Dec. day 16th
year 1945 hour 11 minute P. M.

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 9 years

7. Birth date of deceased: Dec. 9 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1945 to Dec 16, 1945
that I last saw him alive on Dec 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death not determined with certainty. Probably
Robert pneumonia 1 day

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>7</u>	<u>7</u>	<u>hr.</u> <u>min.</u>

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

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

10. Usual occupation: Retired

Major findings:
Of operations:

Of autopsy: 108

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business: Mercantile

12. Name: William Mewes

13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Pendleton

15. Birthplace: Not Known 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Powell Kilb

(b) Address: Bethel Mo

17. (a) Burial (b) Date thereof: 12/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation: Shelbyville Mo

18. (a) Signature of funeral director: Million & Barkeley

(b) Address: Shelbyville Mo

19. (a) 1-5-46 (b) Arch Joyner
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work?

(e) Means of injury:

23. Signature: P. G. ... (M. D. or other)

Address: Shelbyville Mo Date signed: 12-20-45

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

100893

307

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-46-243

Date Filed JAN 28 1946

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. 3835

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.