No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

140

State File No. 23982

Local Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 301 W. Fairview
(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)
In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 301 W. Fairview
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME E. TODD MEDEARIS

3. (b) If veteran, name war World War #1.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Della Pearl Medearis

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October (Month) 3, (Day) 1885 (Year)

8. AGE: Years 60 Months 9 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Pleasant Hill, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business ____

MOTHER FATHER

12. Name A. C. Medearis

13. Birthplace X (City, town, or county) Iowa (State or foreign country)

14. Maiden name Molley Todd

15. Birthplace Madison, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. E. Todd Medearis

(b) Address 301 W. Fairview, Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo

19. (a) 7-25-46 (Date received local registrar) (b) L. B. Clenton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23, year 1946 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from June 23, 1946, to July 23, 1946; that I last saw him alive on July 16, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 to 20 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature J. E. Bird M.D. (M. D. or other)

Address Carthage Mo Date signed July 24 1946

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

159 (Licensed Embalmer's Statement on Reverse Side)

46-7-612

AUG 16 1947

DEC 6 1954

JAN 31 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 Edle Ulmer.

Licensed Embalmer No. 2222

P. O. Address Carthage

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.