

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948
Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9340
Registrar's No. 49

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 35 years years, months or days)

3. (a) PRINT FULL NAME Albert Ernest Meserve
(b) If veteran, name war
(c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary Catherine Waddell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 15 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Livingston County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Painter

11. Industry or business

MOTHER FATHER
12. Name Ephriam Meserve
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Forest Meserve
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 3-23-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) March 23/48 (b) Francis B. Neill (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe (If outside city or town limits, write "RURAL")
(d) Street No. 1123 Clay Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 19 1948 to March 23 1948; that I last saw him alive on March 22 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Central hemorrhage side

Duration 4 da

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. M. Russell (Date signed 3/23/48)
Address Chillicothe Mo

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton J. Ramon.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

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.