FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 9 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25380

Primary Registration District No. 5036

Registrar's No. 120

1. PLACE OF DEATH

(a) County: Audrain

(b) City or town: Centralia Rt-Wilson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. #3 Centralia Mo.
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Audrain

(c) City or town: Centralia Rt ____
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt # 3
(If rural, give location)

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

3. (a) PRINT FULL NAME: CHARLES ANN MEAD

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F.

5. Color or race: W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: W.D.R.M.

6. (b) Name of husband ~~or wife~~: WILLIAM L. MEAD

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

7. Birth date of deceased: JULY (Month) 2 (Day) 1868 (Year)

8. AGE: Years 80 Months 1 Days 20 If less than one day ____ hr. ____ min.

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

10. Usual occupation: None

11. Industry or business ____

MOTHER FATHER

12. Name: Charles Brice

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

14. Maiden name: Dis

15. Birthplace: Dis (City, town, or county) (State or foreign country)

16. (a) Informant: HARRY MEAD

(b) Address: Centralia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 24 48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: HARRIS BURIAL

18. (a) Signature of funeral director: Glenn Jennings

(b) Address: Centralia Mo

19. (a) 8/28/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 22 year 1948 hour 6 minute 3 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1948, to Aug 22 1948, that I last saw him alive on Aug 22 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Intestinal Tract	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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: R. P. Roberts (M. D. or other) D.O.

Address: Centralia Mo. Date signed 8-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer N
District File Number 9-48
Date Filed SEP 7 - 194

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 George Jernigan

Licensed Embalmer No. 4270

P. O. Address Centralia, Wa

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.