

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

14080  
Do not use this space.

REC'D MAY 18 1939

**1. PLACE OF DEATH**

(a) County Adair Registration District No. 4  
 (b) Township Benton Primary Registration District No. 3001 Registered No. 102  
 (c) City Winkleville (d) Street No. Green Smith Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** 670 Nelson Sears

(a) Residence, No.  St.  Millers, Missouri #4  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1925  
 7. AGE YEARS 14 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Garage helper  
 9. Industry or business in which work was done, as saw mill, bank, etc. Garage  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millers Mo

FATHER 13. NAME William Robert Sears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millers Mo

MOTHER 15. MAIDEN NAME Rose Jingley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkleville Mo

17. INFORMANT (ADDRESS) Wm. Sears Millers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE April 26, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Agnew & Son Millers Mo

20. FILED April 25, 1939 Spencer L. Freeman Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1939, to 4-29, 1939

I last saw him alive on 4-29, 1939. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Meningitis  
Aspiration unknown - (non-infectious, non-contagious)

Date of onset 4-22-39

Other contributory causes of importance: Otitis media, bilateral 4-19-39

Name of operation None Date of 4-29-39

What test confirmed diagnosis? Tab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. J. Kemp, M. D.

(Address) Winkleville, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH ORIGINAL INFORMATION THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-39-229

Date Filed MAY 16 1939

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 Self

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Samuel C. Higgins

Licensed Embalmer No. 3792

P. O. Address Milan 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, above space should be left blank.