

REC'D JUN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18552
Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 295
 (b) Township Meramec Primary Registration District No. 4179
 (c) City SULLIVAN (d) Street No. _____ Registered No. 32
 (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. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME

JOHN WEAR
 (a) Residence, No. Unknown St. ☐
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Transient.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Transient.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 70

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOB.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) State Patrol thru Finger Prints.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) Thos. P. Shaffer (ADDRESS) Sullivan, Mo.

20. FILED May 29, 1939 CA. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1939.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 P. M.

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

Broken hip, fractured leg and ankle. Shock.

Date of onset 5/21/39

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Examiner 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 May 21, 1939
 Where did injury occur? Highway 66. 3 mi. W. Sullivan.
 Specify whether injury occurred in industry, in home, or in public place.
Struck by hit and run driver while
 Manner of injury walking on Highway
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Thos. P. Shaffer CORONER, D.
Sullivan, Missouri.

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.....

Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, 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.