

WHILE EXAMINING CASE CAREFULLY CHECK FOR CAUSE OF DEATH RECORD

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.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 301

NOV 14 1939

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(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 since 903. years, months or days

RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Green Ridge (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Dollie Ann Wear

8. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1939
hour 10 am minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 19 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 8 - 39, 1939, to Oct 13 1939, 1939, that I last saw him alive on Oct 13 1939, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

37 11 26 ✓ hr. ✓ min.

Immediate cause of death Pneumonia Aspiration

Due to _____

Due to _____

9. Birthplace Merwin Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic work

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Pneumonia asperidit

Of operations _____

Of autopsy r

11. Industry or business _____

MOTHER FATHER { 12. Name David A Wear

13. Birthplace Cottleville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Baker

15. Birthplace Westport Mo.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Dollie Ann Wear

(b) Address Green Ridge Mo.

17. (a) Burial (b) Date thereof Oct 16, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Mo.

18. (a) Signature of funeral director W. R. Shelley

(b) Address Green Ridge Mo.

19. (a) 10-91 1939 Anna Harry Sneed
(Date received local registrar) (Registrar's signature)

23. Signature H. A. Hite (M. D. or other) !

Address Green Ridge, Mo. Date signed 10/16/39

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 6/13/72

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.....

Myself....., Registered Apprentice No.
working under my personal supervision.

Signed Elen E. Heck.....

Licensed Embalmer No. 4063.....

P. O. Address Green Ridge, Md......

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.