

MAY 7 - 1940

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

6316
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 118
 (b) Township Fishers River Primary Registration District No. 3011 Registered No. 93
 (c) City Excelsior Springs (d) Street No. 517 Kansas City Ave St. Mo
 (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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eben Henry Wear
 (a) Residence, No. 517 Kansas City Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Gertrude Wear
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Broer
 9. Industry or business in which work was done, as saw mill, bank, etc. Broer
 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) Clay Co Mo

FATHER 13. NAME James Wear
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumville Mo

MOTHER 15. MAIDEN NAME Louisa Coates
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

17. INFORMANT (ADDRESS) Mary Gertrude Wear, Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Feb 18, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude P. Richard, Excelsior Springs Mo

20. FILED Jan 19, 1940 Mrs. E. M. Underwood Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1940, to 2-15, 1940
 I last saw him alive on 2-1, 1940 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis Date of onset ?
121
 Other contributory causes of importance: Chronic Potestial Nephrotic ?

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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) August Robinson M. D.
 (Address) Excelsior Springs, Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

RECEIVED
District Health Officer No. 8,
District File Number
3/5/80
Date Filed

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 Robert Ray

Registered Apprentice No. 226 working under my personal supervision.

Signed Claude Richard

Licensed Embalmer No. 2757

P. O. Address Exelsior Jpg, M

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.