DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7217

Registration District No. 476 — FILED MAR 11 1940

Primary Registration District No. 3025

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 418 S Nichols St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 418 Nicholas
(If rural, give location)

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

3. (a) PRINT FULL NAME John Woodson Sears

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Sears

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. (Month) 7 (Day) 1866 (Year)

8. AGE: Years 73 ~~74~~ Months 5 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Buckingham Co. (City, town, or county) Va. (State or foreign country)

10. Usual occupation Preacher

11. Industry or business ____

FATHER
12. Name Woodson Sears
13. Birthplace ____ (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Nancy Lee
15. Birthplace ____ (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Emma Sears
(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Homer Bowden
(b) Address Brookfield Mo.

19. (a) Feb 24 40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 17, 1940, to Feb 21, 1940; that I last saw him alive on Feb 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate — Duration Unknown

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to 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 Lane Evans (M. D. or other) 445
Address Brookfield Mo Date signed 2-24-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 11,
District File Number 340-291
Date Filed MAR 8 1940

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~~ James B. McClelland, Registered Apprentice No. 224, working under my personal supervision.

Signed Homer H. Burden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.

S. No. 2B
M—2-21-40
I X22653

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7217

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 14

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 John Woodson Sears

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 7 (Day) 1866 (Year)

8. AGE: Years 73 ~~74~~ Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) April 11.40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 John Lane Evans (M. D. or other)
Address Brookfield Date signed

S-7217