

ED AUG 16 1940

Registration District No. 238

Primary Registration District No. 3729

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:  
Pelle Junctioning Mo  
(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) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Rural Pelle  
(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 B Means 530

3. (b) If veteran, name war. Civil 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5  
year 1940 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 22, 1940, to Aug 5, 1940  
that I last saw him alive on July 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Memoria

4. Sex M 5. Color of race Whit 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Nancy Pope Means 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 28 1944  
(Month) (Day) (Year)

Duration 15 Day

Due to enlarged prostate also atherosclerosis years

Due to \_\_\_\_\_

Other conditions (include pregnancy within 8 months of death) 129

8. AGE: Years 96 ~~104~~ Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer - Minister

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name David Means

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

14. Maiden name Maie Bowers (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Tina Sashley  
(b) Address Silvermine Mo

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? Y

17. (a) Burial (b) Date thereof Aug 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silvermine Mo

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director E. H. Webb  
(b) Address Fredricktown Mo

19. (a) Aug 6 - 1940 (b) S. C. S. Co. Registrar  
(Date received local registrar) (Registrar's Department)

23. Signature S. C. Slaughter (M. D. or other) \_\_\_\_\_  
Address Fredricktown Mo Date signed Aug 6 1940

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**