

FILED NOV 25 1940
Registration District No. 4

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
123 WEST CLEVELAND AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
(c) City or town WEST PLAINS
(If outside city or town limits, write "RURAL")
(d) Street No. 123 WEST CLEVELAND AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 7
year 1940 hour 11: minute 53 A.M.

21. I hereby certify that I attended the deceased from
Oct. 4 1940 to Oct 7 1940
that I last saw h.i.m. alive on Oct. 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(stroke)
Due to Uterus Sclerosus

Duration
1 day

Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No.
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?
344 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature P. D. Jones MD (M. D. or other) !
Address West Plains, Mo. Date signed Oct. 8 1940

3. (a) PRINT FULL NAME MYRON METCALF PEASE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EVA WHITE 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY 15 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business M. D. PEASE

12. Name MILES PEASE

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

14. Maiden name SUSAN MARIAN METCALF

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

16. (a) Informant H.M. Pease

(b) Address WEST PLAINS, Mo. 123 W. Cleve. Ave

17. (a) BURIAL (b) Date thereof OCT. 9, 1940
(Burial, cremation, or removal) SWEETEN CEM. (Month) (Day) (Year)

(c) Place: burial or cremation DORA, Mo.

18. (a) Signature of funeral director Hal Frankenburg

(b) Address WEST PLAINS, Mo.

19. (a) 10-9-40 (b) Vida W. Sadows
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 10401099

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 _____

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

Signed

Hal Thompson Jr

Licensed Embalmer No. 3400

P. O. Address West Plains, 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.