

JAN 21 1941

Registration District No. 627

Primary Registration District No. 5829

Registrar's No.

1. PLACE OF DEATH:
(a) County Nodaway.
(b) City or town Pickering (Rural Union Twp.
(c) Name of hospital or institution: 4 1/2 mi west 1/2 mi N. of Pickering.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs.
In this community 2 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH ANN SEARS.
3. (b) If veteran, name war —
3. (c) Social Security No. None.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced widowed.
6. (b) Name of husband or wife Heaman Sears
6. (c) Age of husband or wife if alive 24 years (Year) 1856
7. Birth date of deceased (Month) Nov. (Day) 24 (Year)

8. AGE: Years 84 Months 1 Days - If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business —

12. Name Henry Clinton

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

14. Maiden name Eliza Freeman

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

16. (a) Informant Mrs Walter Griffith

(b) Address Pickering Mo.

17. (a) Burial. (b) Date thereof Dec. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Workman Chapel.

18. (a) Signature of funeral director John W. Price.

(b) Address Maryville Mo.

19. (a) Dec. 26, 1940 (b) me L.C. Hackett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway.
(c) City or town Rural (Pickering)
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 mi. west and 1/2 mi. north
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24 year 1940 hour 10 minute — P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1940 to Dec 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None. Of autopsy None.

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? —

874 (Specify type of place) While at work (e) Means of injury —

23. Signature [Signature] (M. D. or other) —
Address Maryville Mo. Date signed 12/26/40

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

MOTHER FATHER

878

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 John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43354

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 627

Primary Registration District No. 5829

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madawasky
(b) City or town Union T.P.
(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

3. (a) PRINT FULL NAME

Elizabeth Ann Sears

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 84 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature) _____

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

20. DATE OF DEATH Month Dec day 24 year 1946 hour _____ minute _____ M.

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

Immediate cause of death cerebral thrombosis Duration: _____

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) g2w

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Maryville Mo (M. D. or other) _____ Address _____ Date signed 3/14/1946

SUPPLEMENTARY

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

MOTHER FATHER

S-43354