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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30916

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 269

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 061

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Lou A. Sears

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 6" (Day) 1864 (Year)

8. AGE: Years 77 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Randolph Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Silas W. Sears
13. Birthplace Randolph Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Samantha Griffin
15. Birthplace Macon Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. E. Clark
(b) Address Macon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Old Chariton Cem

18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.

19. (a) Sept. 22 41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from September 6, 1941, to September 19, 1941; that I last saw him alive on Sept. 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDIAL FAILURE

Due to CHRONIC MYOCARDITIS

Due to CHRONIC INTERSTITIAL NEPHRITIS

Other conditions ENLARGED PROSTATE
(Include pregnancy within 3 months of death)
BILATERAL ~~FROM~~ SCROTAL HERNIA

Major findings:
Of operations
Of autopsy 131a

Duration

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 2

23. Signature M.T. GUTENSOHN (M. D. or other) D.O.
Address Community Nursing Home Kirksville, Mo. Date signed Sept 19 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1886
Date Filed OCT 17 1941

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.