

FILED FEB 16 1942

Registration District No. 47

Primary Registration District No. 56.34

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lawrence Pierce Twp.
(b) City or town Rural, Pierce City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Missouri (b) County Lawrence
(c) City or town Rural, Pierce Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Asa Means

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Gora Means 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Means
13. Birthplace Hopkinsville, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Polly Ferguson
15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Means
(b) Address R. #1, Pierce City, Mo.

17. (a) Burial (b) Date thereof Jan. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 13-1942 (b) Emmie Greene
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1942 hour 1 PM minute 0
21. I hereby certify that I attended the deceased from Dec 26 42
_____ 19 to Jan 5 1942
that I last saw him alive on Jan 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation Duration 1 Month
Due to Chronic Myocarditis and Myocardial degeneration?

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? _____

While at work? _____ (Specify type of place) (Specify means of injury)

23. Signature Frank R. New (M. D. or other) _____
Address Mo. Date signed 1/13/42

1156

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

5500

RECEIVED

District Health Officer No. 6,

District File Number 242-236

Date Filed FEB 12 1942

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.....

J. D. Buchanan
....., Registered Apprentice No.
working under my personal supervision.

Signed *J. D. Buchanan*
.....
Licensed Embalmer No. 3149

P. O. Address Mount 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.