

FILED MAY 15 1942

Registration District No. 47

Primary Registration District No. 5634

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Pierce Twp
(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

3. (a) PRINT FULL NAME George Washington Means

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

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

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

7. Birth date of deceased Dec. 1, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>16</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Means,
13. Birthplace Hopkinsville, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Folly Ferguson,
15. Birthplace S. Carolina!
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Logan,
(b) Address R. #1, Pierce City, Mo.

17. (a) Burial (b) Date thereof Mar. 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Callaway
(b) Address Monett, Mo.

19. (a) April 10 42 (b) Eunice Greene
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 11, 1942, to Mar. 18, 1942
that I last saw him alive on Mar. 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Asphyxiation</u>	<u>sharp</u>
Due to <u>Arteriosclerosis atherosclerosis</u>	
<u>Acute Parenchymatous Nephritis</u>	
Due to _____	

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) (e) Means of injury _____

23. Signature R. Ferguson (M. D. or other) MD
Address Monett, Mo. Date signed 3-19-42

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

MOTHER FATHER

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 542-726

Date Filed MAY 14 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
working under my personal supervision.

....., Registered Apprentice No.....

Signed *J. D. Buchanan*
.....

Licensed Embalmer No. 3149

P. O. Address Albion, 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. 14777

Registration District No. 471

Primary Registration District No. 5634

Registrar's No. _____

1. PLACE OF DEATH

(a) County Lawrence
(b) City or town Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME George W. Means
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 13
year 1942 hour _____ minute 30 P.M.

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec-1- 1877
(Month) (Day) (Year)

Immediate cause of death apoplexy
arteriosclerosis and
acute myocardial infarction
Due to hypertension

8. AGE: Years 69 Months 3 Days 6 If less than one day _____ min. _____

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

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

Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (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)

PHYSICIAN 1318
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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

