

FILED MAR 10 1943

3038

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield

(c) Name of hospital or institution: Mc Larney Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2025 mouse
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME JAMES FINLEY BEAR

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

4. Sex m 5. Color or face aw 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Bear 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 30 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation:

11. Industry or business grocer

MOTHER FATHER { 12. Name Labi Bear

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

{ 14. Maiden name Nancy Awalt

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Bear

(b) Address Brookfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem - Brookfield

18. (a) Signature of funeral director Bill Funeral Shop

(b) Address Brookfield Mo

19. (a) 2-10-1943 (b) J. H. Cowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1943 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Feb 9 1943 to Feb 10 1943 that I last saw him alive on Feb 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis 21 hrs.

Due to:

Due to: 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations me

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature W. H. Patton (M. D. or other) no

Address Brookfield Mo Date signed 2-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

79-1-8

456

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

J. M. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.