

FILED MAY 15 1943

State File No. ....

Registration District No. 17

Primary Registration District No. 5076

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Kenoma  
(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 11 yrs (Specify whether years, months or days)

In this community 11 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Barton (b) County Barton

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

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

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LURA ETHEL WEAR

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. August 23rd, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 7 14 hr. .... min.

9. Birthplace New Lebanon, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business. ....

MOTHER FATHER { 12. Name John Rankin Wear

{ 13. Birthplace New Lebanon, MO. (City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Fitten

{ 15. Birthplace Athens, Ala (City, town, or county) (State or foreign country)

16. (a) Informant John Rankin Wear

(b) Address Kenoma, MO.

17. (a) Burial (b) Date thereof 4-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden City Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) April 8-1943 (b) Mrs. John D. Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1943 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 5-1943  
..... 19..... to April 7..... 1943  
that I last saw h. er alive on April 6..... 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage due to Arterio-Sclerosis

Duration 4 days

Due to.....

Due to.....

Other conditions 83a  
(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 M. Brooks (M. D. or other)  
Address Golden City, MO Date signed 4-8-43

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

006

RECEIVED

District Health Officer No. 6,

2500

District File Number 543.594

Date Filed MAY 12 1943

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 R. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.

2500 807-1119