

S. No. 2  
1-9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14468

State File No. \_\_\_\_\_  
Registrar's No. 32

FILED MAY 1943  
Registration District No. 194/1

Primary Registration District No. 3025

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

1. PLACE OF DEATH:  
(a) County HOWELL  
(b) City or town WEST PLAINS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
805 WEST MAIN ST. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No. (Specify whether  
In this community 56 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: #6  
(a) State MISSOURI (b) County HOWELL  
(c) City or town WEST PLAINS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 805 WEST MAIN  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES OSCAR PEASE  
3. (b) If veteran, name war No. 3. (c) Social Security No. 491-05-2375

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 26  
year 1943 hour 9 : minute P. M.  
21. I hereby certify that I attended the deceased from  
1-4-1943, to 3-26-1943  
and that death occurred on the date and hour stated above.  
2-21-1943

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARGARET LANGSTON  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased AUGUST 20, 1880  
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis + Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 940  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
62 6 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace OZARK CO., MISSOURI  
(City, town, or country) (State or foreign country)

10. Usual occupation SALESMAN  
11. Industry or business CURTIS CANDY CO., CHI.

MOTHER FATHER { 12. Name CLINT M. PEASE  
13. Birthplace PROVIDENCE, R.I.  
(City, town, or country) (State or foreign country)  
14. Maiden name FRONA RICE  
15. Birthplace UNKNOWN  
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs. Margaret Pease  
(b) Address West Plains, Mo.

17. (a) BURIAL (b) Date thereof MAR 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
OAK LAWN CEM. WEST PLAINS, MO.  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Hal Thoniburg  
(b) Address WEST PLAINS, MO.  
19. (a) 4-3-43 (b) Hal Thoniburg  
(Date received local registrar) (Registrar's signature)

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 0  
23. Signature E. C. Bohrer (M. D. or other) MD  
Address West Plains, Mo. Date signed 3-1-43

RECEIVED

District Health Officer No. 4

District File Number 543272

Date Filed 6-3-42

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, ~~only~~ \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Hal Thomburg*

Licensed Embalmer No.

3408

P. O. Address

West Plains, 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.