S. No. 2
M—9-4-41
R. 5-17-39 —
P I 1X29488

FILE

37
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34558

Registration District No. 119 Primary Registration District No. 4191 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Gasconade
(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 years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Gasconade 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Iva Cecil Schear
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 Married /
6. (b) Name of husband or wife Fred Schear
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October (Month) 19 (Day) 1888 (Year)

8. AGE: Years 54 Months 11 Days 27 If less than one day ....hr. ....min.

9. Birthplace Hope (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Hwf.
11. Industry or business
FATHER
12. Name William Davis
13. Birthplace Aud (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Amanda Byran
15. Birthplace Loose Creek (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Fred Schear
(b) Address Gasconade, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma Cemetery
18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri
19. (a) Oct. 16 1943 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15, year 1943 hour 6 minute 5 P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....
that I last saw h.... alive on ....., 19....
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Died without medical attention
Probably coronary thrombosis
Due to
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 W. D. Peter, Coroner (M. D. or other) D. O.
Address Hermann, Mo. Date signed 10/15 43

1261 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.