

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

1. PLACE OF DEATH: Polk Bolivar

(a) County Polk

(b) City or town Bolivar
(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 about 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Bolivar
(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 Pearl May wells

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1943 hour _____ minute 7-30 P.M.

21. I hereby certify that I attended the deceased from 1941
_____ 19____, to Dec 9, 1943
that I last saw h.e.r. alive on Dec 9, 1943
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Oct 6 1894
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Hypoplexy 6 days previous to death

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

64 2 3 _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name John C. Cook

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

{ 14. Maiden name Mora Mc Neice

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence Wells

(b) Address Bolivar Mo

17. (a) Removal (b) Date thereof Dec 13
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burying Ken

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? _____

18. (a) Signature of funeral director Plutchikov

(b) Address Bolivar Mo

19. (a) Dec 10 1943 (b) Alvin Talen
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. K. Lumbard

Address Bolivar Mo Date signed 12-10-43

Case Number 12-43-1461
Date Filed 1-6-44

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.....
.....
working under my personal supervision.

Signed [Signature]
Registered Apprentice No.
Licensed Embalmer No. 3746
P.O. Address Baltimore, Md.

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.