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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3055

State File No. 11812

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Bolivar Missouri
(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. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: POLK 84

(c) City or town: BOLIVAR 1
(If outside city or town limits, write "RURAL")

(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: HENRY SPEARS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: 9

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: AUG. (Month) 15 (Day) 1871 (Year)

8. AGE: Years 72. Months 6 Days 4. If less than one day: hr. min.

9. Birthplace: DALLAS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business:

MOTHER FATHER

12. Name: KING DAVID SPEARS

13. Birthplace: (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name: 9

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

16. (a) Informant:

(b) Address:

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2 20 44 (Month) (Day) (Year)

(c) Place: burial or cremation: CITY CEMETERY

18. (a) Signature of funeral director: HUTCHESON & CO.

(b) Address: BOLIVAR MO.

19. (a) Mar 1 1944 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 44 hour minute 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.

Duration

Immediate cause of death: Natural Causes

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 9 & A

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Harry Pitts Coroner (M. D. or other)

Address: Bolivar, Mo. Date signed: 3-1-44

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-44-35-9
Date Filed 4-7-44

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3746

P. O. Address Bolivar, 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.