

FILED JUN 6 1944

State File No.

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Cedar
(b) City or town: Jewett, Mo.
(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: 65 years
In this community: 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: OLIVER PERRY MORTON SEARS

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

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married: Divorced wid
6. (c) Age of husband or wife if alive: 7 years
7. Birth date of deceased: 8 (Month) 7 (Day) 1866 (Year)

8. AGE: Years 77 Months 9 Days 16 If less than one day hr. min.

9. Birthplace: Bloomington Ind 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER { 12. Name: George H. Sears
13. Birthplace: Wabash Ind 1 (City, town, or county) (State or foreign country)
14. Maiden name: Nancy M. Alexander
15. Birthplace: Bloomington Ind 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Lillie H. Collins
(b) Address: Jewett, Mo. 70

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: 5-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Bluff Cem

18. (a) Signature of funeral director: J. A. Long
(b) Address: Jewett, Mo. 70

19. (a) Date received local registrar: May 26, 1944
(b) Registrar's signature: J. A. School

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cedar 20
(c) City or town: Jewett, Mo.
(d) Street No.:
(e) Citizen of foreign country?: No. (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23 year: 1944 hour: 9 minute: 20 P.M.

21. I hereby certify that I attended the deceased from 5-19 1944 to 5-22 1944 that I last saw him alive on 5-23-44 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction + Sclerosis

Due to: Sclerosis

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

Major findings: Of operations: 1316

Of autopsy:

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?:
(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: J. A. School (M. D. or other)
Address: Jewett, Mo. 70 Date signed: 5-24-44

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

RECEIVED

District Health Officer No. 7,

District File Number 5-44-690

Date Filed 6-5-44

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.....

Body was not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. P. Long*

Licensed Embalmer No. 3714

P. O. Address..... *Jerico Spg*

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.