DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22736

FILED JUL 10 1944

Registration District No. [illegible]

Primary Registration District No. 3076

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada Mo 108 (If outside city or town limits, write "RURAL")

(d) Street No. 1038 S. Cedar (If rural, give location) 1/2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME James Dellmer Means

3. (b) If veteran, name war No

3. (c) Social Security No. 491-05-8980

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, divorced Married

6. (b) Name of husband or wife Lydia Means

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 29 (Day) 1902 (Year)

8. AGE: Years 41 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Oil Salesman

11. Industry or business

FATHER 12. Name Joseph Means

13. Birthplace Anna (City, town, or county) Kentucky (State or foreign country)

MOTHER 14. Maiden name Anna French

15. Birthplace Hot Springs (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Lydia Means

(b) Address 1038 S. Cedar - Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bailey Cemetery

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada Mo.

19. (a) 6-22-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 2 minute 43 P.M.

21. I hereby certify that I attended the deceased from June 8, 1944, to June 14, 1944, that I last saw him alive on June 12, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory Collapse (Splanchnic)	36 hrs
Due to: Acute Intestinal Obstruction	50 hrs
Due to: Ileus & Fecal Impaction	50 hrs
Other conditions (Include pregnancy within 3 months of death): 122 f V	

Major findings: Of operations: Obstruction s/sum from torsion + Impaction

Of autopsy: Confirmation Cause death Early gangrene

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 Wm H Allen (M. D. or other)

Address Nevada, Mo Date signed 6/15/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Division File Number 6-44-784
Date Filed 7-8-44

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 Me, Registered Apprentice No., working under my personal supervision.

Signed L. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.