

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
FILED MAR 23 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6539**

Registration District No. **231** Primary Registration District No. **5812** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Middleton (Rural) Parish St. Mary
 (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 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Montgomery
 (c) City or town Middleton Mo (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 _____

3. (a) PRINT FULL NAME Ernest Estel Phears
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 12
 year 1946 hour 2:10 ✓ P.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eliza Ellen Thompson
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased: Mar 12 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11, 1946 to Feb 12, 1946
 that I last saw him alive on Feb 12, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 11 Days 0
 If less than one day _____ hr. _____ min.

Immediate cause of death: Carcinoma of the lung.
 Due to _____
 Due to _____

9. Birthplace: Andam O (City, town, or county) Mo O (State or foreign country)
 10. Usual occupation Farming

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations: 478
 Of autopsy: _____

MOTHER FATHER

11. Industry or business _____
 12. Name Dudley Phears
 13. Birthplace Spenserburg Mo O (City, town, or county) (State or foreign country)
 14. Maiden name Mary Fields
 15. Birthplace Spenserburg Mo O (City, town, or county) (State or foreign country)

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 2

16. (a) Informant Mrs E. G. Phears
 (b) Address Middleton Mo
 17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 14 1946 (Month) (Day) (Year)
 (c) Place: burial or cremation Vendetta
 18. (a) Signature of funeral director Pritchett / Culver
 (b) Address Middleton Mo
 19. (a) Feb 13-46 (Date received local registrar) (b) J. R. Chapman (Registrar's signature)

23. Signature H. B. Titus (M. D. or other) D.O.
 Address Middleton, Mo. Date signed Feb.

210 (Licensed Embalmer's Statement on Reverse Side)

13, 1946

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

0000

548

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 2-7-46

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 *C. C. Kuhn*

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.