

State File No. **5703**
 Registrar's No. **55**

Registration District No. **274** Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Bathwell Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 dls** (Specify whether)
 In this community **44 yrs** years, months or days

3. (a) PRINT FULL NAME **Lizzie Florence Wear**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married **Married**
 (b) Name of husband or wife **Dave Wear** (c) Age of husband or wife if alive **81** years
 7. Birth date of deceased **Mar 18 1883** (Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **22** If less than one day: hr. min.

9. Birthplace **Bates Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jack Baker**
 13. Birthplace **Illinois** (City, town, or county) (State or foreign country)
 14. Maiden name **Menta Baker**
 15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Dave A. Wear**
 (b) Address **Green Ridge Mo**
 17. (a) **Burial** (b) Date thereof **Feb 12 1947** (Month) (Day) (Year)
 (c) Place: burial or cremation **Green Ridge Mo**

18. (a) Signature of funeral director **P. Keam**
 (b) Address **Green Ridge**
 19. (a) **2/12/47** (b) **Betty Yeager** (Date received local registrar) (Registrar's signature)
 (Licensed Embalmer's Signature on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis**
 (c) City or town **Rural Near Green Ridge Mo** (If outside city or town limits, write "RURAL")
 (d) Street No. **Last Res. - 3 mi. West 3 mi. South** (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **10** year **1947** hour **5** minute **30 a.m.**
 21. I hereby certify that I attended the deceased from **Jan 20** 1947 to **Feb 10** 1947
 that I last saw her alive on **Feb 9** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of Colon**

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy **46**

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?

While working _____ (Specify type of place) (e) Means of injury _____
 23. Signature **P. Keam** (M.D. or other) **Wm O**
 Address **Sedalia Mo** Date signed **2/11/47**

RECEIVED

Health Officer No. 8,

File Number.....

Date Filed 2-22-47

MAR 20 1947

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 L. L. Beam

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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.