

No. 2  
-12-45  
-17-39

X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

113610

State File No. \_\_\_\_\_

FILED MAY 1 1948

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Rural Route # 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WILLIAM WEAR

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Sarah Ellen

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

7. Birth date of deceased August 1, 1867  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>80</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Miller Wear

13. Birthplace Macon Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Phillips

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

16. (a) Informant Estelle Wear

(b) Address 701 W. 10th

17. (a) Burial (b) Date thereof 4 / 14 / 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Geo. J. Williams

(b) Address Sedalia, Mo.

19. (a) 4-14-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr 12, 1948  
to Apr 12, 1948  
that I last saw him alive on Apr 12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardio-Insufficiency

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 137A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 P. P. Fitchell (M. D. or other) m.D.

Address Sedalia Date signed Apr 13 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-30-48

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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 \_\_\_\_\_

Frank S. Coffman Jr., Registered Apprentice No. 16  
working under my personal supervision.

Signed John A. Cantlon  
Licensed Embalmer No. 4287

P. O. Address Sedalia, 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.