

FILED AUG 17 1948 376

Primary Registration District No. **2282**

Registrar's No.

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

1. PLACE OF DEATH
 (a) County **Wright**
 (b) City or town **Howards - Clark Jwp**
 (c) Name of hospital or institution **None**
 (d) Length of stay: In hospital or institution **Lifetime**
 In this community **Lifetime**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Wright**
 (c) City or town **Howards - Clark Jwp**
 (d) Street No.
 (e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Elbert Walter Mears**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No.

4. Sex **Male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Oliver Lillian Anderson**
 6. (c) Age of husband or wife if alive **30**
 7. Birth date of deceased **9 mo 1 1914**

8. AGE: Years **34** Months **2** Days **1**
 If less than one daybr.....min.

9. Birthplace **Clouglas Co., Mo.**
 10. Usual occupation **Farmer**

MOTHER FATHER
 11. Industry of business
 12. Name **John Henry Mears**
 13. Birthplace **Clouglas Co., Mo.**
 14. Maiden name **Elizabeth Lisco**
 15. Birthplace **Clouglas Co., Mo.**

16. (a) Informant **Oliver Lillian Mears**
 (b) Address **Howards, Mo.**
 17. (a) **Burial**
 (b) Date thereof **8/9/48**
 (c) Place: burial or cremation **Cold Springs, Mo.**
 18. (a) Signature of funeral director **Russell Barber**
 (b) Address **M.W. Grove, Mo.**
 19. (a) **1-28-48**
 (b) **MARGARET WASHBURN**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug** day **3rd**
 year **1948** hour **12:45** minutes **PM**
 21. I hereby certify that I attended the deceased from **187** to **Aug 13 1948**
 and that death occurred on the date and hour stated above
 Immediate cause of death **Diabetes**

Due to.....
 Due to.....
 Other conditions.....
 Major findings:
 Of operations.....
 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?.....
 23. Signature **Margaret Washburn**
 Address **Howards, Mo.**

PHYSICIAN
 Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number: 7-48-911
Date Filed: AUG 16 1948

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

Russell Barber

Licensed Embalmer No.

3848

P. O. Address

Mtn Grove, Md

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Nowood
(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 _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wright

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elbert W. Means

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

20. DATE OF DEATH: Month Aug Day 3 Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June (Month) 2 (Day) 1902 (Year)

Immediate cause of death Diabetes

Duration _____

8. AGE: Years 34 Months 2 Days 27 If less than one day _____ hr. _____ min.

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

Due to _____

Due to _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John H. Means

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

14. Maiden name Elizabeth Means

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Oliver Leas Means (b) Address _____

17. (a) (Burial, cremation, or reinterment) _____ (b) Date thereof 8-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Cold Springs No.

18. (a) Signature of funeral director R. B. ... (b) Address _____

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 _____

19. (a) 8-28-48 (Date received local registrar) (b) Mrs. A. K. ... (Registrar's signature)

23. Signature L. Van ... (M. D. or other) _____ Address Nowood Date signed _____

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

SUPPLEMENTARY

28744