

State File No.

FILED MAR 24 1945

Registration District No. 277-79

Primary Registration District No. 5-29-5334

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Marion Rural
(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 Seventy year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural
(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 Eliza Ann Sears

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female } 5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 14 1932
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1945 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 1944
19 _____ to Feb 1945
that I last saw him alive on Feb 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 4 days

8. AGE: Years 113 Months _____ Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sears

(b) Address Centertown MO

17. (a) Buried (b) Date thereof 3/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown MO

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

(b) Address Centertown MO

19. (a) 3/5/45 (b) J. Williams
(Date received local registrar) (Registrar's signature)

Due to pneumonia subacute leason antibiotic

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Mansfield (M. D. or other) MD
Address Centertown MO Date signed 3/2/45

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

MOTHER FATHER

1014

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..... *Aug. L. E. Williams*
Licensed Embalmer No..... *3537*
P. O. Address..... *California 710*

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.