

REC'D APR 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11704  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene 2 Registration District No. 6-4  
(b) Township Greene 1 Primary Registration District No. 6-4 Registered No. 6  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Laura Jane Elmore St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unmarried  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1864  
7. AGE YEARS 74 MONTHS 7 DAYS 19 IF LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME James Sears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Temp.

15. MAIDEN NAME Jane Deaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (NAME) (ADDRESS) Sarah Jane Henderson  
Greene Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Cem. DATE March 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Cope & Son  
Wheaton Mo

20. FILED Mar 18 1939 R. Stalvey  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11 1938, to March 14 1939  
I last saw her alive on March 14 1939. Death is said to have occurred on the date stated above, at 4:11 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocardial degenerative changes

Date of onset Feb. 1938

Other contributory causes of importance: 1938

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify.....  
(Signed) Max Alice Chester M. D.  
Address Greene, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6.

District File Number 6-39-875

Date Filed APR 13 1939

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,

Wm Morris Payne

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Wm Morris Payne

Licensed Embalmer No. 347

P. O. Address

Wheaton 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, above space should be left blank.