

NOV DEC 14 1940

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

38074
Do not use this space.

1. PLACE OF DEATH *Dates*

(a) County Registration District No. *53*
(b) Township Primary Registration District No. *3005*
(c) City *Rich Hill Missouri* (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 *Emmett Wears*

(a) Residence, No. *Pine Street 0* 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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Fannie M. Wears*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 9, 1871*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farming*
9. Industry or business in which work was done, as saw mill, bank, etc. *Agri.*
10. Date deceased last worked at this occupation (month and year) *1934* 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Retired farmer*

FATHER 13. NAME *Wm Wears*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Mrs. Fannie Wears Rich Hill Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenlawn* DATE *Nov. 22/40*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Booth Rich Hill Missouri*

20. FILED *Nov 22 1940* *Clayton J. Allen M.D.* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 20/40*, 19

22. I HEREBY CERTIFY, that I attended deceased from *Nov 19 1940* to *Nov 20 1940*
I last saw him alive on *Nov 20 9 PM*, 19 *40* Death is said to have occurred on the date stated above, at *9 PM* m.
The principal cause of death and related causes of importance were as follows:

Chondroma Pineyus
Removal of June 7, 1934

Other contributory causes of importance: *52*

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?
If so, specify (Signed) *Clayton J. Allen* M. D.
(Address) *Rich Hill Missouri*

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.

1961 1700

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1737

Date Filed 12-10-40

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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butte 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.