

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

DEC 15 1941

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

Registration District No. 595

Primary Registration District No. 5791

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town 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 1 Day years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery  
(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? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas Arthur Pew

3. (b) If veteran, name war L

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

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 23 41  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

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

12. Name Fred Pew

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

14. Maiden name Theresa Jennings

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

16. (a) Informant Fred Pew

(b) Address Middleton MO

17. (a) Buried (b) Date thereof 11-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middleton MO

18. (a) Signature of funeral director James D Wells

(b) Address Middleton MO

19. (a) Nov 24 1941 (b) Mrs. M. McDemott  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 11-23-41 to 11-23-41 1941

that I last saw him alive on 11-23-41 1941; and that death occurred on the date and hour stated above.

Immediate cause of death TERM BIRTH - NEONATAL DEATH 161D Duration \_\_\_\_\_

Due to \_\_\_\_\_

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) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Buland (M, D or other) \_\_\_\_\_

Address Wellsville MO Date signed 11-24-41

**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.

*Was Not Embalmed*

Signed.....

*A B Helke*

Licensed Embalmer No.....

*1588*

P. O. Address.....

*Helleville*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**