

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 306.1

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County. St. Francois

(b) City or town. Felaf River, Mo.  
(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 3 yrs years, months or days

3. (a) PRINT FULL NAME Jerry E. Sears

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec 25 1938  
(Month) (Day) (Year)

8. AGE: Years 3 Months 10 Days 29 If less than one day hr. min.

9. Birthplace St. Genevieve, Mo. (City, town, or county) (State or foreign country)

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

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

MOTHER FATHER

12. Name Edward Sears

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

14. Maiden name Dorothy Ledbetter

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

16. (a) Informant Dorothy Sears

(b) Address Felaf River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 26 42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Booneville

18. (a) Signature of funeral director C. J. Boyer, Mo.

(b) Address Desloge, Mo.

19. (a) Nov. 25 1942 (Date received local registrar) (b) Syndie B. Buhmester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Felaf River (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 2, 1942, 1942 to Nov. 24, 1942  
that I last saw him alive on Nov. 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of right kidney (Wilms' tumor)

Due to Unknown

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

Other conditions 52 a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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. W. Fonda, M.D. (M. D. or other)

Address Felaf River, Mo. Date signed 11-25-42

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

1196

RECEIVED

District Health Officer No. 3  
District File Number 1242-0450  
Date Filed 12-8-42

**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 C. Z. Burger  
Licensed Embalmer No. 1671  
P. O. Address Deeridge 110.

**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.**