S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30926

FILED SEP 18 1946

Registration District No. 94 Primary Registration District No. 4307 Registrar's No. 12

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rocky Comfort (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Richwood Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Rocky Comfort (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ollie Sears

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Mat Sears

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

7. Birth date of deceased May (Month) 23 (Day) 1873 (Year)

8. AGE: Years 73 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Barry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name J. T. Horner

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

MOTHER 14. Maiden name D. K.

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

16. (a) Informant M. J. Sears

(b) Address Tulsa Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Mo.

19. (a) Sept 9 1946 (Date received by local registrar) (b) O. E. Plumlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1946 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Aug 22 1946 to Aug 24 1946 that I last saw him alive on Aug 23 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Coma	2 days
Due to: Diabetes	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 61

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature O. S. McCall (M. D. or other)

Address Wheaton Mo Date signed 8/29/46

178

(Licensed Embalmer's Statement on Reverse Side)

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

29757

RECEIVED
District Health Officer No. 6,
District File 946-969
Date Filed SEP 16 1946

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Odessville 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, fact should be so stated above.