

OCT 12 1940

Registration District No. 265

Primary Registration District No. 51234

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Stockton Washington  
(c) Name of hospital or institution 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Stockton, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John William Lean

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

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

6. (b) Name of husband or wife Hettie Lean 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March 22 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 11 hr. min.

9. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business 0

MOTHER FATHER { 12. Name Thomas Lean

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

14. Maiden name Martha Davis

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

16. (a) Informant X Thomas Lean  
(b) Address Stockton, Mo

17. (a) Burial (b) Date thereof 9/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director H. C. Davis & Co.  
(b) Address Stockton, Missouri

19. (a) Sept 10 - 1940 (b) Mrs. Minnie Garleton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3  
year 1940 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Sept 20  
400 30 1940  
that I last saw him alive on Sept 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical shock

Due to Operation for  
gastrointestinal obstruction

Due to Cholelithiasis  
P. R. U. Disease

Other conditions (Include pregnancy within 3 months of death)  
Cerebral vascular disease

Major findings: Of operations 171

Of autopsy \_\_\_\_\_

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?  
935

While at work? \_\_\_\_\_ (Specify type of place)  
by means of injury \_\_\_\_\_

23. Signature James H. Liberty (M. D. or other)  
Address Stockton Mo Date signed 9-3-40

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

**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 \_\_\_\_\_

Licensed Embalmer No. 3335

P. O. Address St. Louis

**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.**