

No. 2  
-11-10-39  
5-17-39  
P1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1941  
FILED APR 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12326

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

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
1017 S Cedar 1  
(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 mo  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon <sup>108</sup>

(c) City or town Nevada <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1017 S Cedar  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Eddie Robert Lenard

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased Dec 12, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 2 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business none

12. Name Arthur Franklis Lenard

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

14. Maiden name Florence Osborne

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

16. (a) Informant A. F. Lenard

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 3/4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wiose Cemetery

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

(b) Address Nevada, Mo

19. (a) 3-AP-41 (b) Allen O. Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2  
year 1941 hour 2:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 22 1941 to Mar 2 1941; that I last saw him alive on Mar 2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Pr.

Due to following Influenza.

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

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations ✓ Of autopsy ✓

Duration 3 days

5 days

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? \_\_\_\_\_

23. Signature W. Love (M. D. or other) 795  
Address Nevada, Mo Date signed 3/3/41

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-622

Date Filed 4-7-41

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.

Signed

*Lloyd B. Winnett*

Licensed Embalmer No.

*3857*

P. O. Address

*Merada, 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.