

FILED MAY 2 1941

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No. 2
11-10-39
1-17-39
1 X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 552Primary Registration District No. 5745Registrar's No. 1

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Rural Warrentownship
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Monroe City, R.S. - 1
 (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) 59 years

8. (a) PRINT FULL NAME EMMA M. LEAR8. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Feb 22 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 1 7 hr. min.9. Birthplace Keyser, WISCONSIN
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business _____

12. Name CARL EBERLE 413. Birthplace OK Germany
(City, town, or county) (State or foreign country)14. Maiden name Catherine Lentz 17615. Birthplace OK Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. J. G. Hames(b) Address Nannibal Mo.17. (a) Burial (b) Date thereof Mar 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. JUDES, MONROE CITY18. (a) Signature of funeral director A. L. SON(b) Address Monroe City Mo19. (a) Mar 31 1941 (b) Mrs. Alta V. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. MONROE CITY, R.S.D. 3.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1941 hour 1 minute 45 P.M.21. I hereby certify that I attended the deceased from
2 1 28, 1941, to 3 1 29, 1941;
that I last saw him alive on 3 1 29, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to _____

Due to StrokeOther 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) _____

(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 (2)23. Signature F. N. Lemmon (M.D. or other) D.O.Address Monroe City Date signed 3/21/41

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

