

FILED MAR 16 1942/199

Registration District No. **20-1** Primary Registration District No. **5279A**

24

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

1. PLACE OF DEATH:

(a) County **Clay**  
(b) City or town **Kearney Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clay**  
(c) City or town **Kearney - rural**  
(If outside city or town limits, write "RURAL" and location)  
(d) Street No. **RFD #2**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Allie M. Lear**

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 **Ray J. Lear** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **Feb. 23 1895**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25th**  
year **1942** hour **6** minute **35** A.M.  
21. I hereby certify that I attended the deceased from **Jan 5**  
**1942** to **Feb 25** **1942**  
that I last saw her alive on **Feb 25** **1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage**  
Due to **Carbuncle erysipelatous** ?  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**47** **2** hr. min.

9. Birthplace **Parahagual Okla**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

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

MOTHER { 12. Name **Wm M. Gardner**  
13. Birthplace **Con** (State or foreign country)  
14. Maiden name **Allie Brown**  
15. Birthplace **Benton Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Ray James Lear**  
(b) Address **Kearney Mo RFD 2**  
17. (a) **Removal** (b) Date thereof **2-25-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Benton Mo**

18. (a) Signature of funeral director **Leonard Fry**  
(b) Address **Kearney Mo**  
19. (a) **2-26-42** (b) **Melen Early**  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **Hga**  
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? (b) Means of injury \_\_\_\_\_  
23. Signature **Henry Berry** (b) **Dr. D. D.**  
Address **Kearney Mo** Date signed **2/25/42**

RECEIVED

District Health Officer No. 8,

3-13-42

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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.....

*Leonard Fry*

Licensed Embalmer No.....

1677

P. O. Address.....

*Kenner 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.**