

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6480**

FILED MAR 20 1942
Registration District No. **254**

Primary Registration District No. **5355**

Registrar's No. **4**

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Benton Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess **31**
(c) City or town Rural
(If outside city or town limits, write "RURAL")
Benton Twp
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Henry Lear
3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 8
year 1942 hour 5 minute 25 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jessie Savage Lear
6. (c) Age of husband or wife if alive (Deceased) years
7. Birth date of deceased: Feb 20 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 26, 1942, to Feb 7, 1942, that I last saw him alive on Feb 7, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months II Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death
Due to Cerebral Hemorrhage

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Due to Arteriosclerosis splanchnica

11. Industry or business
12. Name Joseph Lear
13. Birthplace Ind. Unknown (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 830
Of operations _____

MOTHER { 14. Maiden name Martha Bunnell (City, town, or county) (State or foreign country)
15. Birthplace Ind. Unknown (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Bessie Lear
(b) Address Pattonsburg, Mo.
17. (a) Bural (b) Date thereof 2/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work _____ (Specify type of place)
(c) Means of injury _____

18. (a) Signature of funeral director [Signature]
(b) Address Pattonsburg, Mo.
19. (a) 2-13-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 2/11-42
Address Pattonsburg, Mo. Date signed [Signature]

1084 (Licensed Embalmer's Statement on Reverse Side)

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.....

E. Schomer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.