

FILED MAR 20 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 20-0-5641

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Rural, Stanton, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 0-6  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 42 hour 4 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death No accidental smothering

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

Other conditions 1/82-2  
(Include pregnancy within 3 months of death)

Major findings: 16  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME LESLEY LEO HANLEY

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

4. Sex MALE 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 \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased Feb 21 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 4 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LEWIS 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

12. Name BENNIE P BOWLES

13. Birthplace MARION Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name ANNIE ALICE HADLEY

15. Birthplace MARION Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose MAE HANLEY

(b) Address DURHAM

17. (a) BURIAL (b) Date thereof 2 25 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HESTER

18. (a) Signature of funeral director Mc & Kelly

(b) Address Canton MO

19. (a) 2/20/42 (b) P.W. Jennings  
(Date received local registrar) (Registrar's signature)

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 5  
23. Signature W B Kelly Cornet  
Address Canton MO (M. D. or other) \_\_\_\_\_  
Date signed \_\_\_\_\_

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

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RECEIVED

District Health Officer No. 10

District File Number 10-42-562

Date Filed MAR 18 1942

**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.....

P. O. Address.....

**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.**