11651

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 684 Primary Registration District No. 44085910 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 1 [illegible] (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 (b) County

(c) City or town (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME John Milton Lenington

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Cora Bell Lenington

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 25th (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) 5 Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Lenington
13. Birthplace Fifteen (City, town, or county) 1 Ohio (State or foreign country)

MOTHER
14. Maiden name Jane Congleton
15. Birthplace (City, town, or county) 1 Ohio (State or foreign country)

16. (a) Informant's own signature Herbert Lenington

(b) Address Cyrus Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo.

19. (a) 3-20-1942 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature) 1148

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - 10 day year hour minute M.

21. I hereby certify that I attended the deceased from March 2nd, 1942, to March 10th, 1942 that I last saw him alive on March 6th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	4 yrs
Due to	
Due to	
Other conditions Chronic interstitial nephritis (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Donald G. Hazzard (M. D. or other) D.O.

Address Eolia, Mo. Date signed 3-14-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19811

RECEIVED
District Health Officer No. 10
District File Number 4-13-831
Date Filed APR 13 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 Grace Bousfield

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.