

No. 2
4-13-40
5-17-39
PI X21159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37108

State File No. _____

FILED DEC 5 1942

Registrar's No. 841

Registration District No. 318

Primary Registration District No. 2000

39
62

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
(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: 22
 (a) State Missouri (b) County Christian 0
 (c) City or town Ozark 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Erma Lear
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 22,
 year 1942 hour 10:30 minute P. M.

4. Sex Female / race White
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Payette A. Lear
 (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased JULY 18, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/14, 1942, to 11/23, 1942
 that I last saw her or alive on 11/21, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 4 Days 4
 If less than one day _____ hr. _____ min.

Immediate cause of death, Duration
Carcinoma of left lung 5 mo. +

9. Birthplace Fremont, Nebraska
(City, town, or county) (State or foreign country)

Due to (Bronchogenic Carcinoma - or Ca of lower bronchus with metastasis to mediastinum & cervical region)
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife
 11. Industry or business In Home

MOTHER FATHER
 12. Name John Goff
 13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

Major findings: PHYSICIAN
 Of operations H7d
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Payette A. Lear
 (b) Address Ozark, Missouri

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? _____

17. (a) Burial (b) Date thereof 12/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Ray D. Callaway (M. D. or other) MD
 Address Springfield Mo Date signed 12/24/42

19. (a) 11-24-42 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers Statement on Reverse Side)

NOV 29 1948

AUG 8 1955

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 *Wayne F. Hinkle*

Licensed Embalmer No. *344A*

P. O. Address *Springfield, 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.