

Registration District No. **467 175**

Primary Registration District No. **4280 3036**

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

1. PLACE OF DEATH:
 (a) County **Lawrence**
 (b) City or town **Aurora**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
11 West Tyndall St
 (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: **35**
 (a) State **Missouri** (b) County **Lawrence**
 (c) City or town **Aurora**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **11 West Tyndall St**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **William Valentine Lear**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec**, day **24**
 year **1942** hour **8** minute **15 A.M.**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Laura M Lear**
 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **Oct, 11 1862**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1-42**
 to **Dec 24**, 19**42**
 that I last saw him alive on **Dec 5**
 and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day
80 2 13 hr. min.

Immediate cause of death **Splenitis & Paraneury nephritis**
 Duration _____

9. Birthplace **Shelby County Missouri**
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **131 f**

10. Usual occupation **Farmer (Retired)**

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER FATHER { 12. Name **Not Known**

13. Birthplace **Not known**
 (City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr Paul Lear**

(b) Address **Aurora Mo.**

17. (a) **Burial** (b) Date thereof **12/25/42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) - Place: burial or cremation **Aurora Mo.**

18. (a) Signature of funeral director **J. J. King**
 (b) Address **Aurora Mo.**

19. (a) **11-20-42** (b) **Emilie Erlene**
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **W. H. Huron** (M. D. or other) **M.D.**
 Address **Aurora, Mo.** Date signed **Dec 25 42**

RECEIVED

District Health Officer No. 6,

District File Number 143-36

Date Filed 1-11-93

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 Herman M. Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.