

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

Registration District No. 535

Primary Registration District No. 3011

Registrar's No. 94

1. PLACE OF DEATH:
 (a) County **Carroll**
 (b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Staton Clinic
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 weeks**
(Specify whether years, months or days)
 In this community **65 years**

2. USUAL RESIDENCE OF DECEASED: **Carroll**
 (a) State **Mo.** (b) County **Carroll**
 (c) City or town **"Rural"**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **BERT MARION LEPARD**

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

4. Sex **M.** 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. 29 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	25	_____ hr. _____ min.

9. Birthplace **Rockridge Co. Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Monroe Lepard**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Jane Walker**

15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Monk**

(b) Address **Carrollton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-27-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **OAK Hill CEM.**

18. (a) Signature of funeral director **Standley**

(b) Address **Carrollton, Mo.**

19. (a) **8-26-43** (Date received local registrar) (b) **Mrs. James Raffley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **24**
year **1943** hour **8** minute **30** P. M.

21. I hereby certify that I attended the deceased from **April 1**
1943 to **Aug. 24** **1943**
that I last saw him alive on **Aug. 24** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Left side hemiplegia**
Inferior Age 7

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **g30**
Of autopsy _____

Duration

1 1/2 M.

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) (c) Means of injury

23. Signature **R. Hamilton Standley**

Address **Carrollton, Mo.** Date signed **Aug 27 1943**

1053

District File Number
Date Filed 9-10-43

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..... Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address..... Carrolton N

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.