

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED MAR 1 1944**  
Registration District No. 994

Primary Registration District No. 5357

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence Edgar Lear

3. (b) If veteran, name war no

3. (c) Social Security No. 488-14-3678

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1944 hour 9:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 1 1943, to FEB 12 1944;

that I last saw her alive on Dec 12 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 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: Dec 30 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farming

12. Name Henry Lear

13. Birthplace Unknown Ia  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Savage

15. Birthplace Unknown Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bessie Lear  
(b) Address Pattonburg Mo

17. (a) Burial (b) Date thereof Feb 15 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savage Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Pattonburg Mo

19. (a) 2-22-1944 (b) L. O. Fickerson  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_

Due to Arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

468

Duration \_\_\_\_\_

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: [Signature] (M. D. or other) \_\_\_\_\_  
Address Pattonburg Mo Date signed 2/13/44

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

31  
0  
0

---

---

**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 *G. S. Gorman*.....

Licensed Embalmer No. 2657.....

P. O. Address *Patonsburg 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.**