

FILED NOV 10 1944
Registration District No. 10/1944

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Thirty years (years, months or days)

3. (a) PRINT FULL NAME George Washington Van Leer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joan Marie Van Leer 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug 7 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Various

12. Name Benton Van Leer

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

14. Maiden name Thelma Morris

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Van Leer

(b) Address St. Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Mo

18. (a) Signature of funeral director Cassey & Senox

(b) Address St. Clair Mo

19. (a) 11/3/1944 (Date received local registrar) (b) R. J. King (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town St. Clair Mo (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19 11-1 to _____ 19 11-1

that I last saw him alive on 10-30 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death CC Poplexy

Due to Cardiovascular disease

Due to _____

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

Major findings: Of operations 131a

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Denny (M. D. or other) _____

Address Union Mo Date signed 11-3-44

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

36
030

36
3
0

1120

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-8-44

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 John L. Heikes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.