S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 295

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14369

Primary Registration District No. 4442

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 82yrs 8mo 4da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph Co

(c) City or town Higbee Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Lessly.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 9

5. Color or race Black

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ann Lessly.

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 4 (Day) 1862 (Year)

8. AGE: Years 82 | Months 8 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Dont Know.
13. Birthplace Dont Know. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Lessly
15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant Ann Lessly.
(b) Address Higbee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11 19 (Month) (Day) (Year)
(c) Place: burial or cremation COL. CEM. Higbee Mo.

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo.

19. (a) 3/20/45 (Date received local registrar) (b) Mrs. C. L. Dreyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1945 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 1, 19 45 to March 8, 19 45 that I last saw him alive on March 6, 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature V. T. Johnson (M. D. or other) M.D.

Address Higbee, Mo. Date signed 3/15/45

122.7

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-642
Date Filed APR 13 1945

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.