

S. No. 2
 FORM-2-43
 Rev. 5-17-39
 1 X3597

FILED AUG 20 1945
 Registration District No. _____

Primary Registration District No. 6225

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

1. PLACE OF DEATH

(a) County Vernon
 (b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hosp # 3 2
(If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution for 9 months
(Specify whether years, months or days)

In this community Same

3. (a) PRINT FULL NAME Nancy Lease
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race white
 (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jacob M. Lease 6. (c) Age of husband or wife if alive 5 years 1880
 7. Birth date of deceased Jan. 5 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 24
 If less than one day _____ hr. _____ min.

9. Birthplace Scotland Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Arthur Edward Lease

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

14. Maiden name Anna Ann Phillips

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

16. (a) Informant Hosp. Reas.

(b) Address _____

17. (a) Burial (b) Date thereof 7-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Licking Mo

18. (a) Signature of funeral director Leibinger

(b) Address Nevada Mo

19. (a) 7-31-45 (b) Hazel B. Beurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Wasson City
(If outside city or town limits, write "RURAL")
 (d) Street No. 704 W. 15th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1945 hour 8 minute 10 P.
 21. I hereby certify that I attended the deceased from Oct. 5 1943 to July 29 1945
 that I last saw him alive on July 29 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
 Due to Gen. Arteriosclerosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations gud
 Of autopsy _____

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 Thos J. Cremer (M: D. or other) _____
 Address Nevada Date signed 7/29/45

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7

7-40-112

8-9-43

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 Mars Eechinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.