

FILED AUG 23 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 4168

Registrar's No. 49

1. PLACE OF DEATH:

(a) County De Kalb
 (b) City or town Wayssville
 (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 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb 37
 (c) City or town Wayssville 20
 (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 JOSEPH MARION LENOARD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1945 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 13 to June 23, 1945
 that I last saw him alive on June 23, 1945
 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 married
 6. (b) Name of husband or wife Martha Lenard
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Aug 28 1862
 (Month) (Day) (Year)

Immediate cause of death chronic glomerulo nephritis 890?
 Duration _____

8. AGE: Years Months Days If less than one day
82 8 25 _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name John Lenard

13. Birthplace Yem! (State or foreign country)

14. Maiden name Ellen Johnson

15. Birthplace Yem! (State or foreign country)

16. (a) Informant Kenia Whitaker
 (b) Address Wayssville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-45
 (Month) (Day) (Year)

(c) Place: burial or cremation Wayssville MO

18. (a) Signature of funeral director John S. Brown
 (b) Address Wayssville MO

19. (a) July 9th 1945 (Date received local registrar) (b) John Clarke (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature W. Harold Fowler (M. D. or other) W.H.F.
 Address Wayssville, MO Date signed 6-24-45

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

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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. Williams

Licensed Embalmer No. 3733

P. O. Address Waynesville, N.C.

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.