

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

27789

FILED AUG 18 1945

State File No.

Registration District No. 178

Primary Registration District No. 1284

Registrar's No. 55

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

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town LaBelle
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution none
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town LaBelle
(d) Street No. none
(e) Citizen of foreign country? no
If yes, name country --

3. (a) PRINT FULL NAME William Alexander Lear
3. (b) If veteran, name war 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6th
year 1945 hour 2 minute 30 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lucy Love McDaniel
6. (c) Age of husband or wife if alive --
7. Birth date of deceased November 20th, 1849

21. I hereby certify that I attended the deceased from December 2, 1944 to July 6, 1945
that I last saw him alive on July 6, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Senility
Duration 3 yr.

8. AGE: Years 95 Months 7 Days 16
If less than one day hr. min.

Due to
Due to
Other conditions Heart weakness
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Lancaster, Garrard Co, Kentucky
10. Usual occupation Farmer retired

MOTHER FATHER
11. Industry or business ---
12. Name Walter Lear
13. Birthplace unknowned
14. Maiden name Juith Ann Adams
15. Birthplace unknowned

16. (a) Informant Ethel Wainhika
(b) Address LaBelle, Missouri
17. (a) burial (b) Date thereof 7/8/1945
(c) Place: burial or cremation LaBelle Cemetery

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?
(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 Harry L. W. Graham (M. D. or other) D.O.
Address La Belle, Missouri Date signed 7/10/45

18. (a) Signature of funeral director Norman D. Coker
(b) Address LaBelle
19. (a) July 17, 1945 (b) P. W. Jennings M.D.
(Date received local registrar) (Registrar's signature)

987

RECEIVED

District Health Officer No. 10

District File Number 8-45-1274

Date Filed AUG 15 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 *Thomas D. Goder*
Licensed Embalmer No. *3721*
P. O. Address *Lasalle, 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.