No. 2
—8-43
5-17-39
X37823

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

Dr Love

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39422

Registration District No. 361 Primary Registration District No. 6231 Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town R.F.D. Deerfield Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Deerfield Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bastiaan Leen
3. (b) If veteran, name war None
3. (c) Social Security No None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sep. (Month) 22 (Day) 1869 (Year)

8. AGE: Years 77 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Holland (City, town, or county) (State or foreign country)
10. Usual occupation Rail Road Employee
11. Industry or business Boiler Washer
MOTHER FATHER
12. Name Jacob Leen
13. Birthplace Holland (City, town, or county) (State or foreign country)
14. Maiden name Jane Mosk
15. Birthplace Holland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs L. D. Pike
(b) Address Nevada, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Morris Cemetery
18. (a) Signature of funeral director Hays Funeral Home
(b) Address Nevada Mo.
19. (a) Nov 23/46 (Date received by local registrar) (b) Bertha Single (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1946 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Nov 1, 1946 to Nov 10, 1946 and that I last saw him alive on Nov 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pernicious Anemia — Dont Know
Due to
Dont Know
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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 W B Love M.D. (M. D. or other)
Address Nevada, Mo Date signed 11/10/46

332 (Licensed Embalmer's Statement on Reverse Side)

10-46-3015
11-26-46

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 Allen V. Hayes

Licensed Embalmer No. 1968

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.