No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

663

State File No.

Registration District No. 99 Primary Registration District No. 4168 Registrar's No. 75

1. PLACE OF DEATH:
(a) County DEKALB
(b) City or town MAYSVILLE
(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 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DEKALB
(c) City or town MAYSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

32 2 0 0

3. (a) PRINT FULL NAME FLOYD T. LEARD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed, divorced~~ married M 1
6. (b) Name of ~~husband or~~ wife ADA LEARD
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JAN (Month) 7 (Day) 1877 (Year)

8. AGE: Years 70 Months 0 Days 2 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MO (State or foreign country) 0
10. Usual occupation PAINTER
11. Industry or business
FATHER 12. Name JAMES LEARD
FATHER 13. Birthplace MO. (City, town, or county) (State or foreign country) 0
MOTHER 14. Maiden name REBECCA OWEN
MOTHER 15. Birthplace MO (City, town, or county) (State or foreign country) 0
16. (a) Informant MRS ADA LEARD
(b) Address MAYSVILLE MO
17. (a) BURIAL (Burial, ~~cremation, removal~~) (b) Date thereof 1-13-47 (Month) (Day) (Year)
(c) Place: burial ~~cremation~~ OAK LAWN, MAYSVILLE
18. (a) Signature of funeral director FITCHER FUNERAL HOME
(b) Address MAYSVILLE MO
19. (a) 1-13-47 (Date received local registrar) (b) Roscoe Nordeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9 year 1947 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 1943 to Jan 10 1947 that I last saw him alive on Jan 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 hour
Due to Hypertension	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
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 2
23. Signature Harold Fowler (M. D. or other) M.D.
Address Maysville Mo Date signed 1-13-47

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 3960

P. O. Address Maysville 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.