S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948
Registration District No. 3343

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 3638
Primary Registration District No. 4474
Registrar's No. 35

1. PLACE OF DEATH:
(a) County: SALINE
(b) City or town: SWEET SPRINGS
(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 years, months or days)
In this community: 40 years

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

3. (a) PRINT FULL NAME: CHARLES SADRIS LEAR
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: Annie Lear
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: FEB. 27, 1867 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 80 | 11 | 12 | hr. min. |

9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: RETIRED FARMER
11. Industry or business: FARMING
FATHER
12. Name: Wm LEAR
13. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: SUSIAN HICKMAN
15. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: HOWARD LEAR
(b) Address: SWEET SPRINGS, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: FAIRVIEW CEMETERY
18. (a) Signature of funeral director: R. C. CARTER
(b) Address: SWEET SPRINGS, Mo
19. (a) 1/31/48 (Date received local registrar) (b) Dolly Andrew (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 29 year 1948 hour 7:05 minute A.M.
21. I hereby certify that I attended the deceased from Dec. 1948 to Death 19.. that I last saw him alive on Jan 29 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary thrombosis | 30 min |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: CNP
Of autopsy:

PHYSICIAN
Underline the cause of 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: Joseph E. Doyle (M. D. or other)
Address: Sweet Spgs Mo Date signed: 31 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
istrict File Number
Date Filed 2-12-48

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 [illegible] Carlie

Licensed Embalmer No. 3573

P. O. Address [illegible]

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.