

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7611  
Registrar's No. 31

FILED FEB 26 1948  
Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Washington Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital # 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution one day  
 In this community 5 years  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Rollo B. Lester  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Margaret C. Lester  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 1 - 1 - 1876  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 13  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas H. B. Lester  
 13. Birthplace Prime Edward Island Canada  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertha Francis Snyder  
 15. Birthplace Zenithop Mass  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. B. Lester  
 (b) Address State Hospital # 3

17. (a) Removal (b) Date thereof 2-15-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnie Jerry, Mo.

18. (a) Signature of funeral director Martha G. Schinger  
 (b) Address Newadaw, Mo

19. (a) 2-15-48 (b) Rathum Yancy  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
 (c) City or town Novada  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. State Hospital # 3  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14  
 year 1948 hour 1120 minute P.

21. I hereby certify that I attended the deceased from 2-14-48 to 2-14-48  
 that I last saw him alive on 2-14-48  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage  
 Due to Hypertensive Cardio Vasculor Disease  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature R. B. Lester (M. D. or other)  
 Address State Hospital # 3 Date signed 2-15-48

RECEIVED

District Health Officer No. 7,

District File Number 1-48-111

Date Filed 2-25-48

MAR 6 1948

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 Mark Leisinger

Licensed Embalmer No. 2656

P. O. Address Neosho, 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.