S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19788

Registration District No. 150 | Primary Registration District No. 5572 | Registrar's No. 113

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Prairie Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community: 6 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2330 Spruce (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Archie L. Lear
3. (b) If veteran, name war: No
3. (c) Social Security No.: 495-20-2888
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alberta Lear
6. (c) Age of husband or wife if alive: 16 years
7. Birth date of deceased: Sept. (Month) 22 (Day) 1925 (Year)

8. AGE:	Years	Months	Days	If less than one day
	22	8	6	hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business: Gleanors Combine Co.
MOTHER FATHER
12. Name: Daniel L. Lear
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Beulah Hamilton
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Alberta Lear
(b) Address: 2330 Spruce
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Buckner, Mo.
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 E. 15th. St.
19. (a) JUNE 9, 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day June 8 year 1948 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 8, 1948, to June 8, 1948 that I last saw him alive on June 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute left pulmonary collapse	8 hrs.
Due to	
Due to	
Due to	
Contributory: Myelogenous leukemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Collapsed left lung
Of autopsy: Enlarged spleen & liver

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?
While at work (Specify type of place) (e) Means of injury
23. [illegible] (Specify type of place) (Specify type of vehicle)
Address

Frank C. Dechaine M.D.
Jackson Co. Hosp.
Independence, Mo.
6/9/48

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

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

JUL 1 9 1946

JUL 1 1946

JUN 25 1946

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 James W. Earp Registered Apprentice No. 203, working under my personal supervision.

Signed John R. Earp

Licensed Embalmer No. 2555

P. O. Address Jefferson City 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.