FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

23562

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2006 Hope
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 2006 Hpe
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WALLACE E. 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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 10 (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Ben B. Lear
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Bark
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joseph Lear
(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal, Mo.

19. (a) 8-10-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1948 hour 9:00P.M. minute M.

21. I hereby certify that I attended the deceased from 8/7, 1948 to 8/7, 1948
that I last saw him alive on 8/7, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	4 h.
Due to	
Due to Coronary Sclerosis	10 y.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 H B Norton (M. D. or other)

Address Hannibal Date signed 8/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.