

Registration District No. _____

Primary Registration District No. 5501A

Registrar's No. _____

FILED APR 26 1941

1. PLACE OF DEATH: Henry
 (a) County Henry
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
1/2 Section 16
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 10 yrs.
 years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME James Edward Lear
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elizabethella Lear
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased April 22 1866
 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 9
 If less than one day _____ hr. _____ min.

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

10. Usual occupation farming

11. Industry or business _____
 12. Name Frank Lear
 13. Birthplace Versailles Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Delia Brown
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Elizabethella Lear
 (b) Address _____

17. (a) Burial (b) Date thereof Apr 24
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Spence son
 (b) Address Highway Mo

19. (a) 3-31-41 (b) Dr. J. H. Hampton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. # Lassville, Ind.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
 year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3/16/41, 1941, to _____, 19____;
 that I last saw him alive on 3/25, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis
Myocardial disease
 Due to Senile Dementia

Duration _____

Due to _____
 Other conditions (include pregnancy within 3 months of death) 92 P

Major findings: Of operations _____
 Of autopsy _____
 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? 3/2

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature E. C. Peeler (M. D. or other) _____
 Address Clinton Mo Date signed 4/1/41

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

REV. 8-17-39 I X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Administrator Officer No. 7.
District Number 2121-203
Certificate Number 21514
Date Filed

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 R. P. Kenney

Licensed Embalmer No. 3099

P. O. Address 408 E. Franklin St

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, above space should be left blank.

Clinton 700