DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8016

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 44

1. PLACE OF DEATH:

(a) County St. Francois St Francois Mo

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

(c) Name of hospital or institution: State Hospital No. 4 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mo. 26 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles Co.

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Willis Van Leer 546

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 Widower

6. (b) Name of husband or wife Josephine Emma Dale

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

7. Birth date of deceased Feb. (Month) 7 (Day) 1865 (Year)

8. AGE: Years 75 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Bell Flower (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer 0

11. Industry or business 0

FATHER
12. Name Adam Van Leer
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Van Leer
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Charles Mo

18. (a) Signature of funeral director Chas. Richardson
(b) Address Farmington, Mo.

19. (a) Feb 23-40 (Date received local registrar) (b) F. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 12, 1940, to Feb. 22, 1940 that I last saw him alive on 2-22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile psychosis with terminal exhaustion	
Due to: Marked hypertensive heart disease	0
Due to: General arteriosclerosis marked Chronic Bronchitis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no 95 B 2

Of autopsy no

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? no (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 G. Tivis Graves, Jr. (M. D. or other) M.D.
Address Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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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 Chas. Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington Ills.

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.