

FILED JAN 24 1945
301

Registration District No. _____ Primary Registration District No. **603-15445** Registrar's No. **2018**

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

1. PLACE OF DEATH:

(a) County Ripley

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lloyd Dale Fear

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 S. D.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 14 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>X</u>	<u>X</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Emil Fear

13. Birthplace Clay Co. Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Betha Sprague

15. Birthplace Haskell Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emil Fear

(b) Address Doniphan, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12-6-44
(Month) (Day) (Year)

(c) Place: burial or cremation Lak Ridge west

18. (a) Signature of funeral director J. E. Jordan

(b) Address _____

19. (a) 11/24/45
(Date received local registrar)

(b) E. B. Johnston
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Doniphan, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. Day 5
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on Dec. 4, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Lobar Pneumonia edg

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 _____

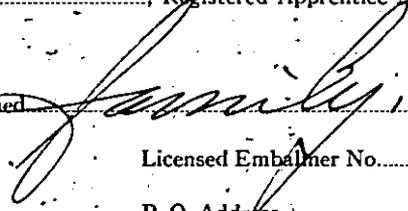
23. Signature Clifford J. [unclear] (M. D. or other) _____

Address _____ Date signed _____

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.....


Licensed Embalmer No.....

P. O. Address.....

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.