

REC'D APR 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10628  
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford 2 Registration District No. 233  
 (b) Township Liberty 1 Primary Registration District No. 5318  
 (c) City Leasburg Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME ANNA L. PLACE

(a) Residence, No. Leasburg Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Samuel Jacob Place  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1852  
 7. AGE YEARS 87 MONTHS 0 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portsmouth Ohio  
 FATHER  
 13. NAME William Cartwright  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?  
 MOTHER  
 15. MAIDEN NAME Mary Frances Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Bessie L. Harris  
6340 Clayton Rd. Richmond Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leasburg Mo. DATE 3-8-1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomas J. Matzinger  
123rd & Knappa Highway Bl.  
 20. FILED Mar. 8 1939 H. J. Drum MS. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1936, to Mar 6, 1939  
 Last saw her alive on Mar. 6, 1939. Death is said to have occurred on the date stated above, at 9:00 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Regurgitation Date of onset 1936  
12/1  
 Other contributory causes of importance:  
Chronic Interstitial Nephritis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Gustavus G. P. Morgan, M. D.  
209 (Address) Leasburg Mo.

WHITE PLAINLY, WITH UNFADING INK...THIS IS 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.

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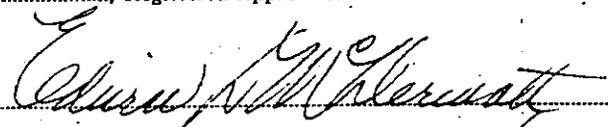
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3027.....

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, above space should be left blank.**