

REG FEB 13 1940
Registration District No. 785

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
816 Myra
(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)

3. (a) PRINT FULL NAME Mary Elizabeth Leeds
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced in arrears
6. (b) Name of husband or wife Stafford Leeds 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 22nd 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>-</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Levi Church
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Criss
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stafford Leeds
(b) Address Moberly, Mo

17. (a) _____ (b) Date thereof Jan 19th 1940
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) Jan 19-1940 (b) Paul Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Myra
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16th
year 1940 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 5
_____, 1940, to Jan 16, 1940
that I last saw her alive on Jan 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma -
Primary in esophagus
Due to _____
Duration 12 months

Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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 Marlene Hunter (M. D. or other) M.D.
Address Moberly, Mo Date signed 1/19/40

WHILE 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.

1 X19311

RECEIVED

District Health Officer No. 10

District File Number 2-40-400

Date Filed FEB 10 1940

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo.

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.