No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14843

MAY 13 1940

Registration District No. 295

Primary Registration District No. 5412

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Franklin Merrimac Twp Mo

(b) City or town Stanton 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 ✓ (Specify whether)

In this community (years, months or days) life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Twp Mo (b) County Franklin

(c) City or town Stanton
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Agnes M. Leath 3rd

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Leath

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 11-23-1892 (Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Keeping house.

FATHER
12. Name Nicholas Mink
13. Birthplace Franklin Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Adams
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Leath
(b) Address Stanton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Stanton Cemetery

18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St Clair Mo

19. (a) 4-27-40 (Date received local registrar) (b) C A Proctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1940 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 18, 1940 to April 26, 1940 that I last saw her alive on April 28th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 days
Due to	
Due to Acute Bronchitis	8 days
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
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? (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 W. E. Kitchell (M. D. or other)
Address St Clair Date signed 4/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood W. Kitchell

Licensed Embalmer No. 3473

P. O. Address St. Clair, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.