DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15382

State File No.

MAY 17 1940

Registration District No. 502 Primary Registration District No. 4305 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Linn

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

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

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 30 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural - Clark Township (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.? years.

3. (a) PRINT FULL NAME John Quincy Levell 140

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 Married

6. (b) Name of husband or wife Lara Bell Levell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May (Month) 5 (Day) 1865 (Year)

8. AGE: Years 74 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Anderson Levell
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucindia Finney
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Everett Levell

(b) Address Marceline

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director Jas McLaughlin

(b) Address Marceline Mo

19. (a) 4-19-40 (Date received local registrar) (b) Oliver L Barrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1940 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Apr 10, 1940, to April 17, 1940 that I last saw him alive on April 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic degenerative myocarditis	(?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 C

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? (Specify type of place)

451

While at work? (e) Means of injury

23. Signature M L Dickraeger (M. D. ~~[illegible]~~) M.D.

Address Marceline Mo. Date signed 4/18/40

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X19511

RECEIVED
District Health Officer No. 11
District File Number 540-277
Date Filed MAY 16 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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.