

Registration District No. 618

Primary Registration District No. 4369

Registrar's No. 6

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Burlington Jct.
(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. 32 years.
years, months or days)

3. (a) PRINT FULL NAME AIRABELLE C. LEVERTON

3. (b) If veteran, Middle Name Not Known name war
3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank P. Leverton 6. (c) Age of husband or wife if alive 73 years

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

8. AGE: Years 74 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Robert J. Gardner

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mahaley

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

16. (a) Informant Frank P. Leverton

(b) Address Burlington Jct. Mo.

17. (a) Burial (b) Date thereof May 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 5/25/40 (b) J. P. Hume
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Burlington Jct.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1940 hour 11 minute 2 A.M.

21. I hereby certify that I attended the deceased from May 15
1939 to May 24 1940

that I last saw her alive on April 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Myocarditis Duration 2

Seriously

Due to

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature B. F. Ryland (M. D. or other)

Address Burlington Jct. Mo. Date signed 5/25/40

RECEIVED
District Health Officer No. 11;
District File Number 640 802
Date Filed JUN 3 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

Chas M Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.