

AUG 16 1940

State File No. \_\_\_\_\_

Registration District No. 777

Primary Registration District No. 200

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Rural Labelle  
(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 2  
(Specify whether  
In this community 46 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 mile west of Labelle Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Sadie Bell Leathorn

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Erving Z. Leathorn 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May 24 1873  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 13 If less than one day  
hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name John Haase

13. Birthplace Hesse Castle Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna S. Ida

15. Birthplace Neuhing Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Highsmith

(b) Address Labelle, Mo.

17. (a) Buried (b) Date thereof 7 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labelle Cemetery

18. (a) Signature of funeral director James T. Ledwithson

(b) Address Labelle, Mo

19. (a) July - 29 - 1940 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th  
year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 2, 1940  
\_\_\_\_\_ 19\_\_\_\_ to July 7 1940  
that I last saw h. alive on July 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 48

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

987 (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature Paul M. Reynolds (M. D. or other) \_\_\_\_\_

Address Knott City, Mo Date signed July 7, 1940

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

RECEIVED  
RECEIVED

District Health Officer No. 10  
District File Number 8-43-1633  
Date Filed AUG 15 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

*Norman D. Coder*

Registered Apprentice No.

working under my personal supervision.

Signed

*Norman D. Coder*

Licensed Embalmer No.

*3721*

P. O. Address

*LaBelle 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.