

4-12-40
5-17-39
I X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26434

State File No.

Registration District No. 803

Primary Registration District No. 4482

Registrar's No.

1. PLACE OF DEATH:
 (a) County Schuyler
 (b) City or town Glenwood Mo.
 (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
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuyler
 (c) City or town Glenwood Mo.
 (d) Street No.
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Huldah Leedom
 350
 3. (b) If veteran, name war
 3. (c) Social Security No.

20. DATE OF DEATH: Month July day 7th year 1940 hour 11:45 AM
 21. I hereby certify that I attended the deceased from 1940 to July 7th 1940
 that I last saw her alive on July 7th 1940 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Thomas Leedom
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased July 29 1847

Immediate cause of death Myocardial infarction
 Due to arteriosclerosis

8. AGE: Years 92 Months 11 Days 8 If less than one day hr. min.

Other conditions none
 Major findings: Of operations none
 Of autopsy none

9. Birthplace Ohio
 10. Usual occupation housewife
 11. Industry or business
 12. Name Joshua Scurlock
 13. Birthplace Ohio
 14. Maiden name Martha Long
 15. Birthplace Ohio

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant J. B. Leedom
 (b) Address Glenwood Mo
 17. (a) Glenwood (b) Date thereof July 9 1940
 (c) Place: burial or cremation Glenwood Cemetery
 18. (a) Signature of funeral director Morehead
 (b) Address Lancaster Mo
 19. (a) (b) Registrar's signature

22. While at work? (Specify type of place)
 23. Signature [Signature] Date signed July 11 1940

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

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1622

Date Filed AUG 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.....

Trues Minnie Morehead

Registered Apprentice No.

working under my personal supervision.

Signed

Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Fauquier 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, fact should be so stated above.