o. 2
13-40

DEC 16 1940

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. 39571

Registration District No. 744 Primary Registration District No. 3035 Registrar's No. 113

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Elizabeth McKeever
3. (b) If veteran, name war ____
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Milligan Leonard
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March 9-1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	7	6	____ hr. ____ min.

9. Birthplace Hamilton Co. Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
MOTHER FATHER
12. Name David Lenz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Rosina Zeller
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs James Carter
(b) Address Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-1940 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director G W Mason
(b) Address Richmond Mo.
19. (a) Nov. 29-40 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1940 hour 7 minute ____ M.
21. I hereby certify that I attended the deceased from Nov 15, 1940 to Nov 15, 1940 that I last saw her alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Burns — Duration
Due to Lighted Jar with coal oil
Due to ____
Other conditions (Include pregnancy within 3 months of death) 1 hr 15
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) Accident
(b) Date of occurrence Nov 15-40
(c) Where did injury occur? Home Richmond Ray (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 Burns
23. Signature L B Graves (M. D. or other) 1
Address Richmond Mo Date signed 11-18-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Letter File Number 12-12-40
Date Filed

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 A. W. Maisen

Licensed Embalmer No. 4157

P. O. Address Richmond Mo

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

If this body is not embalmed, fact should be so stated above.