

No. 3
11-10-39
5-17-39
I X21492

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3480

Registration District No. 1095

Primary Registration District No. 4336

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Clarksburg
(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 Life years, months or days

3. (a) PRINT FULL NAME Leoma Maxey

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife David Maxey 6. (c) Age of husband or wife if dead years

7. Birth date of deceased September, 19 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 7 hr. min.

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business home

12. Name Bailey Fain

13. Birthplace Jasmine County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Miss Ida Maxey

(b) Address Clarksburg, Mo

17. (a) Burial (b) Date thereof 1-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Clarksburg

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Superior Ave

19. (a) 1-26-41 (b) Jessie E. Richards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Clarksburg
(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.? Native 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th.
year 1941 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Mar 3
1940 to June 26, 1941
that I last saw her alive on June 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of stomach
Carcinoma of
ovary, uterus

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature D. J. Davison (M. D. or other) D.O.
Address 60 California Date signed 1/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

800

6800

45

15 04
1910-1911
-222X 104

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, Md.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2480

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 1095

Primary Registration District No. 4336

Registrar's No.

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town Clarksburg
(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
years, months or days)

3. (a) PRINT FULL NAME Leona Mayer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

84

4

7

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(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.

PHYSICIAN CERTIFICATION

20. DATE OF DEATH

Month

Day

26

year

hour

minute

M.

21. I hereby certify that I attended the deceased from

19

to

19

that I last saw him alive on

19

and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma

of

stomach

Due to

carcinoma of wound

Due to

intestines (primary seat)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

J. O. Benson

(M. D. or other)

Address

California

Date signed

4/11/41

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

SUPPLEMENTARY

