

No. 2
4-13-40
-17-39
X23159

FILED MAY 13 1941

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 337

1. PLACE OF DEATH: **GREENE**

(a) County, **Greene**

(b) City or town, **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1828 N. MAIN AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **55 years** (Specify whether years, months or days)

In this community **55 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **1828 N. Main**
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? **0** years.

3. (a) PRINT FULL NAME **ANNIE E. LECKIE**

(b) If veteran, name war **NONE**

(c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20** year **1941** hour **2** minute **30 P.M.**

4. Sex **Female** Color or race **White**

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

6. (b) Name of husband or wife **John M. Leckie**

6. (c) Age of husband or wife if alive **78** years **1862**

7. Birth date of deceased **Nov. 23** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **4-19** 19**41** to **4-20** 19**41**; that I last saw her alive on **4-19-41** 19**41**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	78	4	27	hr. min.

Immediate cause of death **Cerebral hemorrhage**

Due to **arterio sclerosis**

Due to **Senile Dementia**

Other conditions (Include pregnancy within 3 months of death)

Duration

unknown about 10 days 6 yrs

9. Birthplace **Unknown Virginia** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **In own home**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

Major findings: **gyn**

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **John M. Leckie**

(b) Address **Springfield, Mo**

17. (a) **Funeral** (b) Date thereof **April 23 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **J. W. King**

(b) Address **Springfield, Mo.**

19. (a) **4-23-41** (Date received local registrar)

(b) **W. E. Handley** (Registrar's signature)

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? **984** (Specify type of place)

(e) Means of injury

23. Signature **W. E. Handley** (M. D. or other)

Address **Springfield, Mo.** Date signed **4/21/41**

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

339
226

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 Ogl Sloan Jr.

Licensed Embalmer No. 4126

P. O. Address Springfield

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.

X