S. No. 2
—11-10-39
v. 5-17-39
I X21492

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. 21984

Registration District No. 446 (FILED JUL 19 1941)

Primary Registration District No. 3606

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rural Novelty Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fact River Twp

(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Novelty Rural (If outside city or town limits write "RURAL")

(d) Street No. Fact River Twp (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Leckbee

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 Widow

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Nov (Month) 15 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Novelty (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House keeper

11. Industry or business ____

MOTHER FATHER

12. Name Jacob Adair

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

14. Maiden name Laura Fritzger

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

16. (a) Informant Ora Cunningham

(b) Address Novelty Mo.

17. (a) 6-2-41 (Burial, cremation, or removal) (b) Date thereof 6-[illegible]-41 (Month) (Day) (Year)

(c) Place: burial or cremation Novelty

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Mo.

19. (a) June 13 1941 (Date received by local registrar) (b) Mrs. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1941 hour 8 minute A M.

21. I hereby certify that I attended the deceased from May 25, 1941, to May 31, 1941; that I last saw her alive on May 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings: Of operations ____

Of autopsy ____

Duration: May 25 to June 1st 1941

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? ____ (Specify type of place)

While at work? ____ (a) Means of injury ____

23. Signature E. O. Holmes D.O. (M. D. or other)

Address Novelty Mo. Date signed 6/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1325
Date Filed JUL 16 1941

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address .....

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.