

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34193**

FILLED NOV 17 1941

Primary Registration District No. **3002**

Registrar's No. **177**

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

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico  
(c) Name of hospital or institution: 830 W. Curtis/Mexico Mo  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Seventy five years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(d) Street No. 820 W. Curtis  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Myra Leonard  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10-18 day 19  
year 1941 hour 2 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 10-1-41 1941 to 10-18-41 1941  
that I last saw her alive on 10-18-41 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Leonard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: unknown

Immediate cause of death Chronic Myocarditis  
Arterio Sclerosis  
Due to \_\_\_\_\_

8. AGE: Years about 91 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Columbia Mo

Other conditions Senility  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Domestic  
11. Industry or business \_\_\_\_\_  
12. Name Dont Know  
13. Birthplace Dont Know

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? \_\_\_\_\_

14. Maiden name Dont Know  
15. Birthplace Dont Know  
16. (b) Informant John Leonard  
(b) Address 7039 Western  
17. (a) Burial (b) Date thereof Oct 21 41  
(c) Place: burial or cremation Mexico Mo

23. Signature H. J. Bector (M. D. \_\_\_\_\_)  
Address Mexico, Mo Date signed 10-20-41

18. (a) Signature of funeral director W. H. Williams  
(b) Address 101 N. Western  
19. (a) Oct 21-41 (b) Blanche Neely

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NOV 14 1941

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District Health Officer No. 10

District File Number 11-41-2068

Date Filed NOV 14 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 Ricardo

Licensed Embalmer No. 3572

P. O. Address 161 W. Western

**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.**