

Registration District No. 491

Primary Registration District No. 4298

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY JUN.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN

(c) City or town TROY  
(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.? 0 years.

3. (a) PRINT FULL NAME SARAH E. LEEK

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 17  
year 1941 hour 4 minute 45 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife L. P. LEEK

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

7. Birth date of deceased MAY 2 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h.ER alive on \_\_\_\_\_, 19\_\_\_\_;

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

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>14</u>	_____ hr. _____ min.

Immediate cause of death Cerebral thrombosis  
36 hours

9. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

Due to Age

Due to Atherosclerosis

10. Usual occupation HOUSEWIFE

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business HOME

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

12. Name THOMAS CARTER

Of autopsy \_\_\_\_\_

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

14. Maiden name EMMA CARTER

15. Birthplace LINCOLN Co. MO. n  
(City, town, or county) (State or foreign country)

16. (a) Informant ROY LEEK

(b) Address TROY MO.

17. (a) BURIAL (b) Date thereof OCT 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY MO.

18. (a) Signature of funeral director Wm. E. Neal Home  
(City, town, or county) (State or foreign country)

(b) Address TROY MO.

19. (a) Oct 18 41 (b) Mrs Pearl Muehl  
(Date received local registrar) (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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. A. Nichols (M. D. \_\_\_\_\_)  
Address Troy, Mo. Date signed Oct 17

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Joseph J. Marsh*

Licensed Embalmer No. *3932*

P. O. Address *Droy Mo.*

**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.**