

FILED NOV 18 1941

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Madison, Mo.
(c) Name of hospital or institution: Wabers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Funksville
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S Franklin
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME

John Charles Leew

3. (b) If veteran, name war MO 3. (c) Social Security No. 702-06-8221

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maie Leew 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April 3 1895
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 11 hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation Tele Operator

11. Industry or business Tele Operator

MOTHER FATHER { 12. Name Maie Leew
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Maie Huff
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Maie Leew

(b) Address Funksville MO

17. (a) Buried (b) Date thereof Oct 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funksville, Oct. 17 1941

18. (a) Signature of funeral director Louis Fumal/Bane
(b) Address Funksville MO

19. (a) Oct 17 41 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 24 1941 to Oct 14 1941
that I last saw h.i.m. alive on Oct 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death G-I Malignancy (Stomach) 1 1/2 yrs.

Due to H68

Due to H68

Other conditions H68
(Include pregnancy within 3 months of death)

Major findings: Operated at Mayo Clinic
Of operations June 19, 1940 - Anastomosis between
Of autopsy Stomach and intestines

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 P. S. Kwiatkowski (M. D. or other)
Address Moberly MO Date signed 10/15/41

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

10
1351 E. 2. 10N

RECEIVED

District Health Officer No. 10

District File Number 11-41-2038

Date Filed NOV. 1. 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

Gertrude Collier

Licensed Embalmer No. 3632

P. O. Address Jessville 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.