

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 23 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 328

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

1. PLACE OF DEATH: Galloway
 (a) County Fulton mo
 (b) City or town Fulton mo
 (c) Name of hospital or institution: States Hospital no 1
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 1 month 2 days
 In this community 1 month 2 days
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Marion
 (c) City or town Palmyra
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F. 3.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lorenzo C. McLeod
 (b) If veteran, name war _____
 (c) Social Security No. 12K

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 5
 year 1941 hour 7 minute 40 A.M.
 21. I hereby certify that I attended the deceased from Nov. 18
10, 1941, to Dec. 5, 1941;
 that I last saw him alive on Dec 5, 1941;
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 (b) Name of husband or wife Rose S. McLeod
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 8. 1861
 (Month) (Day) (Year)

Immediate cause of death
Broncho-pneumonia
 Due to arterio sclerosis

8. AGE: Years Months Days If less than one day
80 10 29 hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death)
107

9. Birthplace Marion County Mo. A
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name John Beep. McLeod
 13. Birthplace Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Carrus Larson
 15. Birthplace mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose McLeod
 (b) Address Taylor mo
 17. (a) Removal (b) Date thereof 12-7-41
 (Burial, exhumation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chapel Hill Mo

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 _____

18. (a) Signature of funeral director J. H. Crews
 (b) Address Palmyra Mo
 19. (a) 12-6-41 (b) R. H. Crews
 (Date received local registrar) (Registrar's signature)

23. Signature Jordan Thomas (M.D. or other)
 Address Fulton mo Date signed 12-6-41

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 J. B. Lewis, Registered Apprentice No. 2168 working under my personal supervision.

Signed J. B. Lewis
Licensed Embalmer No. 2168
P. O. Address Salisbury 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.