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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11361

Registration District No. 553 Primary Registration District No. 4328 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County: Mercer County
(b) City or town: Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community: all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mercer
(c) City or town: Princeton Mo. 065
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Ida May Leafty
3. (b) If veteran, name war: no
3. (c) Social Security No.: 1
4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Geo Leafty
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: April 11, 1868 (Month) (Day) (Year)

8. AGE: Years 73 | Months 9 | Days 29 | If less than one day: hr. min.

9. Birthplace: Indianna (City, town, or county) 1 (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Chas A. Nash
FATHER 13. Birthplace: Indianna (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name: Hencil
MOTHER 15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Geo. Leafty
(b) Address: Princeton, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Princeton,
18. (a) Signature of funeral director: Hall Moss
(b) Address: Princeton Mo.
19. (a) Feb 12, 1942 (Date received local registrar) (b) [illegible] (Registrar's signature) 11.7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 10th
year: 1942 hour: 1 minute: 15 P.M.
21. I hereby certify that I attended the deceased from Feb-9 1942 to Feb. 10 1942
that I last saw her alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	24 hrs.
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ✓ 94a
Of autopsy ✓

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? ✓
While at work? 0 (Specify type of place) (e) Means of injury ✓ 0
23. Signature: [illegible] (M. D. or other)
Address: Princeton Mo. Date signed: 2-11-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1957

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Neal Gross

Licensed Embalmer No. 2634

P. O. Address Princeton Me.

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.