

FILED AUG 5 1942

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **COOPER**  
 (b) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**EIGHT STREET**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **2 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**  
 (c) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **8th STREET**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GEORGIA MAE LEON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **3** **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **SINGLE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **SEPTEMBER 6 1939**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**2 10 20** hr. min.

9. Birthplace **BUNCETON MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CHILD**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **GEORGE LEON**  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **MARY GOOSEBERRY**  
 (b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **JULY 29-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**  
 (b) Address **BOONVILLE, MO.**

19. (a) **July 28-42** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **26th**  
 year **1942** hour **11:50** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **July 13 1942** to **July 26 1942**  
 that I last saw her alive on **July 25 1942**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Miliary Tuberculosis** Duration **About 6 mos.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **None 22a**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature **W.H. Ziegler** (M.-D. or other) **M.D.**  
 Address **Boonville Mo** Date signed **7-28-42**

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

1088

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-4-42

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 \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.**

STANDARD CERTIFICATE OF DEATH

State File No. 24146  
Registrar's No. 91

Registration District No. 218

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County Casper  
(b) City or town.....  
(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..... 2 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Georgia Mal Sean

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

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

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... Years

7. Birth date of deceased Sept 6

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a).....

(b) Date thereof.....

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a).....

(Date received local registrar)

(b).....

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....

year.....

hour.....

minute.....

M.....

21. I hereby certify that I attended the deceased from.....

19.....

that I first saw him..... alive on.....

19.....

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

Immediate cause of death.....

Duration.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Specify type of place)

While at work?.....

(c) Means of injury.....

23. Signature.....

(M. D. or other).....

Address.....

Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

Georgie-May-Leon - Female - negro - single

Age - 2-10-20~~18~~ - Died - July - 26 - 1942.

The Fathers name - George Leon -

Mothers maiden name unknown -

Birth place of both unknown -

Have tried to find out - and failed - I find that in  
the case of negroes - very often there is no  
family record -

Also in case of Births - unless a doctor is in  
attendance - the birth is not reported -

24 146