. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24450

State File No.

Registration District No. 383 Primary Registration District No. 5534 Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View Mo.
(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 6 Day.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell 46 0
(c) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - 0
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Scotland

3. (a) PRINT FULL NAME Mary Leeper
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widow.
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 14 (Day) 1862 (Year)

8. AGE: Years 80. Months 2 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Scotland 4 (State or foreign country)
10. Usual occupation House wife.
11. Industry or business
FATHER
12. Name John Anderson 1
13. Birthplace (City, town, or county) Scotland 1 (State or foreign country)
MOTHER
14. Maiden name Mary McQuibbin 4
15. Birthplace (City, town, or county) Scotland 1 (State or foreign country)
16. (a) Informant Mrs. A. B. Thomas.
(b) Address Mtn View Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 17 (Day) 1942 (Year)
(c) Place: burial or cremation Harlow Cemetery
18. (a) Signature of funeral director John F. Duncan
(b) Address Mtn View Mo.
19. (a) July 16, 1942 (Date received local registrar) (b) Ruth Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 5 minutes 50 a.M.
21. I hereby certify that I attended the deceased from July 16 — 1942 to 7-15 — 1942 that I last saw her alive on 7-14-42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis of Bowels
Due to
Due to
Other conditions age
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy no
129

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature T. E. Terrell (M. D. or other)
Address Mtn View Mo Date signed 7-16-42

1100

(Licensed Embalmer's Statement on Reverse Side)

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 Joe R Hansen Registered Apprentice No. 301, working under my personal supervision.

Signed John F Hansen

Licensed Embalmer No. 2516

P. O. Address Mtn View 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.