

FILED OCT 14 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8197**

1. PLACE OF DEATH:

(a) County Warren mo
 (b) City or town Warrens mo
 (If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution: 4810 E Delman 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 wks (Specify whether
 In this community 3 wks
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind (b) County 12 NR
 (c) City or town Paoli Ind (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 2 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elsie Leonard

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex female 5. Color of hair White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jesse 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased any 15-1894
 (Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Perry County Ind
 (City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Alfred Seyler

13. Birthplace Ind
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Seyler (wife, living)

15. Birthplace Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant Richard M Seyler

(b) Address 4810 E Delman RR

17. (a) RR (b) Date thereof Oct 2 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pyola Ind by Miller

18. (a) Signature of funeral director _____ (b) Address 5041 Delman

19. (a) OCT 3 1942 (b) J. F. Prodeat
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
 year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept 20
 1942 to Oct 1 1942
 that I last saw her alive on Sept 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to 1/3

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

Major findings: Of operations _____

Of autopsy 7-5

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 B. H. Kilkner (M. D. or other) _____

Address 3121 Grand Date signed 10/1/42

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

MOTHER FATHER

2618

2618

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 *Howard F. Paulsen*

Licensed Embalmer No. *3114*

P. O. Address.....

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.