

FILED DEC 9 1942  
178

Registration District No. \_\_\_\_\_

Primary Registration District No. 5662

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Knox City, LaBelle Twp. (rural)  
(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 50 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Knox City (rural)  
(d) Street No. 8 miles north of LaBelle  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1942 hour \_\_\_\_\_ minute 8 P M.  
21. I hereby certify that I attended the deceased from July 8  
1942 to Oct 27 1942  
that I last saw her alive on Oct 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart lesion due to arteriosclerosis 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)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature Paul M. Reynolds (M. D. or other) \_\_\_\_\_  
Address Knox City Date signed 11-3-42

3. (a) PRINT FULL NAME Rebecca Ellen Leslie

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: June 2 1846  
(Month) (Day) (Year)

8. AGE: Years 96 Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Meade County, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper.

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

12. Name John Godfrey Ritchie

13. Birthplace Meade County, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Able

15. Birthplace Meade County, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant O. A. Leslie

(b) Address Knox City, Mo.

17. (a) burial (b) Date thereof Oct-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaBelle, Missouri.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Missouri

19. (a) 11-3-42 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

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

56  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 12-42-3058

Date Filed DEC - 7 1942

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Wisconsin

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.