

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 7

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
5-42
17-33
K32273

MAR 11 1943
Registration District No.

Primary Registration District No. 5715

1. PLACE OF DEATH:

(a) County Madison
(b) City or town White Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: White Rock
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME ETTA LEONARD

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 m

(b) Name of husband or wife Fred Leonard 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 16 1876
(Month) (Day) (Year)

8. AGE: Years 1 Months 02 Days 2 17 hr. min.

9. Birthplace Madison Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Adam Elderkin

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

14. Maiden name Hannah Early

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

16. (a) Informant Fred Leonard

(b) Address Moel Rd

17. (a) Burial (b) Date thereof Feb 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Creek

18. (a) Signature of funeral director ER Wyatt

(b) Address Brookville, Ark
19. (a) Feb 10-43 (b) Jena Martini
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1943 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1943 to Feb 2 1943 that I last saw him alive on Feb 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - heart
lung Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 John Horton (M. D. or other) MD

Address Brookville Date signed Feb 3-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 843-241

Date Filed MAY 10 1943

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 E. P. Pyeatt - Granite City

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6918-
Registrar's No. _____

Registration District No. 195

Primary Registration District No. 5-715

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

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town White Rock
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mc Donald

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. Jane _____ (If rural, give location) Rural

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Leonard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 2

5. Color or race 2

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(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 _____

MOTHER FATHER {

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Day 6
Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(b) 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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

