

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 10

LED APR 7 1949
Registration District No. 29

Primary Registration District No. 6252

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

1. PLACE OF DEATH:

(a) County WYKNE

(b) City or town LEEPER MISSOURI
(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 3 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WYKNE

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME DONNA JEAN CATES

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1943 hour 8:00 AM minute _____ M.

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

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

7. Birth date of deceased SEPTEMBER 27 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30 1943 to Jan 31 1943
that I last saw her alive on Jan 30 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Diphtheria

8. AGE: Years 3 Months 03 Days 4 If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10

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

10. Usual occupation INFANT

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

12. Name DEMMER CATES

13. Birthplace MINN SPRING MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name LORA C. BENTLEY

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

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? _____

16. (a) Informant LORA C BENTLEY

(b) Address LEEPER MISSOURI

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

(c) Place: burial or cremation MINN SPRING

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

(b) Address Leeper, Mo.

19. (a) MARCH 19 1943 (b) Mrs. Lattie Mammis
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address Leeper, Mo. Date signed 2-25-43

1103

1943

RECEIVED

District Health Officer No. 4
District File Number 443-1962
Date Filed 4-5-43

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 Me
....., Registered Apprentice No.
working under my personal supervision.

FEB 10 1945

Signed Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Dudman

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.