

22142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED JUL 10 1943 274

Primary Registration District No. 3052

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether)

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 80

(c) City or town 6
(If outside city or town limits, write "RURAL")

(d) Street No. 619 E. 15
(If rural, give location)

(e) Citizen of foreign country? 4
(Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELLA LEFFLER

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. W

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

7. Birth date of deceased 5 27 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8th
year 1943 hour 6:15 PM M.

21. I hereby certify that I attended the deceased from 6-5 1943, to 6/8 1943
that I last saw h. a alive on 6/8 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 0 11 hr. min.

Immediate cause of death. Coronary Thrombosis

Due to cholecystotomy 48 hrs

Due to acute embolism of 4 days
gall bladder

Other conditions. 12701
(Include pregnancy within 3 months of death)

9. Birthplace SPRING FORK MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name JONAS A PERRY

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

14. Maiden name MARY A. COOPER

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 12701

Of autopsy

16. (a) Informant MRS. JOHN COOPER

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 6-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA

19. (a) 6/9/43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature OT Berger (M. D. or other) M.D.

Address Sedalia MO Date signed 6/9/43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-2-43

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed..... *L. E. Boulbin*

Licensed Embalmer No. *3867*

P. O. Address..... *Des Moines, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1943
State File No.

Registration District No. 274

Primary Registration District No. 327

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Schwel Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 days
Specify whether Life
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 619 East - 15th street
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Ella Leffler

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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month) 5 (Day) 12 (Year) 1902

8. AGE:

Years 42 Months 0 Days 0 If less than one day, min.

9. Birthplace

Springfield - Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Year 1943 Minute 15 M.

21. I hereby certify that I attended the deceased from 1943 19...; that I have seen him/her alive on 1943 19...; and that death occurred on the date and hour stated above. Immediate cause of death Heart 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) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-22142