S. No. 2
M—9-4-41
5-17-39

FILED
JUL 8 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22200

Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Platte

(b) City or town: Parkville
(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 years, months or days)
In this community 65 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Platte 83

(c) City or town: Parkville
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME: Nancy Ellen Leavel

3. (b) If veteran, name war: y

3. (c) Social Security No. no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John L. Leavel

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

7. Birth date of deceased: Feb (Month) 11 (Day) 1856 (Year)

8. AGE: Years 87 Months 4 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Platte County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Land owner

11. Industry or business: .....

FATHER
12. Name: Bart Dean
13. Birthplace: Platte (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Gregg
15. Birthplace: Platte (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ara Noland
(b) Address: Parkville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove

18. (a) Signature of funeral director: Noland
(b) Address: Parkville Mo

19. (a) 6-24-43 (Date received by local registrar) (b) Mrs Clay Giffee (Registrar's signature)

1209

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 11 P M minute ..... M.

21. I hereby certify that I attended the deceased from June 8 1943 to June 15 1943 that I last saw her alive on June 15 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dysentery	1 wk
Due to:	
Due to:	
Other conditions (Includes pregnancy within 3 months of death): old age	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury: .....

23. Signature: R. A. Underwood (M. D. or other)

Address: Parkville Mo Date signed 6/22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 7-43-64

Date Filed 7-6-43

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. 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.