

FILED AUG 12 1943

Registration District No. 247

Primary Registration District No. 5847

Registrar's No.

1. PLACE OF DEATH:
(a) County Madaway Rural
(b) City or town Burlington, Ia.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community about 3 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madaway
(c) City or town Burlington, Ia.
(If outside city or town limits, write "RURAL")
(d) Street No. 3rd St. South East
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cordelia Amanda McLeod
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 2
6. (b) Name of husband or wife W. H. McLeod deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 8 1847
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 | 3 | 28 | hr. min.

9. Birthplace Unionville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Bates

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

14. Maiden name Elizabeth Dale

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

16. (a) Informant Mrs. Claire A. Elliott

(b) Address Burlington, Ia. Me.

17. (a) Burial (b) Date thereof 7 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. O. P. Maitland

18. (a) Signature of funeral director C. G. Bell Funeral Home

(b) Address 957 South Main, Marysville Mo

19. (a) July 8 - 1943 (b) M. H. Arps
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1943 hour 41 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 25
1943 to 7/6 1943
that I last saw him alive on 7/6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death, arteriosclerosis
senility

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 97

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 M. H. Arps (M. D. or other) 440
Address Burlington, Ia. Date signed 7/7/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *William Campbell*

Licensed Embalmer No. *2670*

P. O. Address. *Marquette MI*

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 AUG 12 1916
State File No. _____
Registrar's No. _____

Registration District No. 249 Primary Registration District No. 5847

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rural, not away from
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(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 _____

3. (a) PRINT FULL NAME Cordelia A De Bord
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) _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar 8 1885
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Mrs. H. E. Carpenter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 12 Year 1916
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 _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-25642