

FILED NOV 12 1943

Registration District No. **212**

Primary Registration District No. **3044**

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

66  
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**1. PLACE OF DEATH:**

(a) County Miller

(b) City or town ELDON, Mo.  
(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 1 (Specify whether years, months or days) 20 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Miller 066

(c) City or town Eldon, Mo.  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No. 0

**3. (a) PRINT FULL NAME** Cena - Francis - Leslie

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased Oct. - 25 - 1872  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 20 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to 10/20 1943 that I last saw her alive on Oct 19 1943 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>70</u>	<u>11</u>	<u>25</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death myocarditis  
Senility

Due to ?

Due to \_\_\_\_\_

9. Birthplace Coke Co. Mo. 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9321

Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business Home

**MOTHER** { 12. Name Moses - H. Campbell

13. Birthplace Coke Co. Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Catheryn - Amos

15. Birthplace Coke Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Campbell

(b) Address Eldon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenridge Cem.

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

(b) Address [Address]

19. (a) 10-23-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**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) (b) Means of injury \_\_\_\_\_

23. Signature G. D. Vallery (M. D. or other) 0  
Address Eldon Mo. Date signed 10/23/43

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RECEIVED

Register County Health Dept.

County File Number 43-186

Date Filed 11-6-43

DEC 27 1943

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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 Keith M. Kays  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.