

FILED JAN 12 1944

Registration District No. 472

Primary Registration District No. 1000

Registrar's No. 1470

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2127 South 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years years, months or days

3. (a) PRINT FULL NAME Leona Grace Close

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 married
6. (b) Name of husband or wife Jesse C. Close 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 21 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 7 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Benjamin F. Le New
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Comstock
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse C. Close
(b) Address 2127 South 6th
17. (a) Bureau (b) Date thereof 1/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn - ? home
18. (a) Signature of funeral director Belote & Bowman
(b) Address 319 to 10th
19. (a) 12/29/43 (b) Rose Heigoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2127 South 6th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 10 1943 to Dec 28 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency 390
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 92 lb

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 0

23. Signature J. R. Elliott (M. D. or other) MD
Address 2014 Francis, St. Joseph, Mo. Date signed 1/29/44

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

Mr. John R. Elliott
801 1/2 Francisco

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..... *Frank A. Downey*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 74*

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.