DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1944

Registration District No. 204

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 11496

Registrar's No. 91

1. PLACE OF DEATH:
(a) County MARION
(b) City or town HANNIBAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stagnaro Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Rails
(c) City or town Center, Mo R.F.D. (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. No 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME ANNIE M LEAKE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARIED
6. (b) Name of husband or wife Wm N. Leake
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan (Month) 19 (Day) 1874 (Year)

8. AGE: Years 69 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Rails Co (City, town, or county) Mo O (State or foreign country)
10. Usual occupation House wife
11. Industry or business Own Home
FATHER
12. Name Leo Leake
13. Birthplace Rails Co (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Emerine Carter
15. Birthplace Rails Co (City, town, or county) Mo O (State or foreign country)
16. (a) Informant's own signature H. Anderson
(b) Address Center, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Center Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Center, Mo
19. (a) 3/7/44 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1944 hour 7 minute 15a M.

21. I hereby certify that I attended the deceased from Mar. 1, 1944 to Mar. 3, 1944 that I last saw her alive on Mar. 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Operated for cancer of large bowel

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations
Of autopsy

Duration: 1 yr.

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 H B Norton (M. D. or other)
Address Hannibal Mo Date signed 3/7/44

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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.....

Licensed Embalmer No. 3356

P. O. Address Centralia, 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, above space should be left blank.**