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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1944
Registration District No. 2804

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11797
Registrar's No. 45

Primary Registration District No. 4416

1. PLACE OF DEATH:
(a) County Platte Co.
(b) City or town Platte City - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 40 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83
(c) City or town Platte City 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Elizabeth Hall Leachman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 29 - 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days 7 If less than one day
hr. _____ min. _____

9. Birthplace Carroll Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER
12. Name George N. Baker
13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)
14. Maiden name Emmelie Jones
15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. G. Clinet
(b) Address Platte City - Mo.

17. (a) Burial (b) Date thereof Feb 310 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director Pollye Mitchell
(b) Address Platte City - Mo.
19. (a) 3-24-44 (b) Mrs. Clay Stiffee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1944 hour 11 minute 38 P.M.
21. I hereby certify that I attended the deceased from
March 7, 1944, to _____, 19____;
that I last saw her alive on March 7, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 40 min

Due to _____
Due to _____

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

Major findings: Of operations 111a
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)
(b) Means of injury _____
23. Signature Edward N. Lewis (M. D. or other) MD
Address Platte City, Mo. Date signed 3/9/44

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte
District File Number 4-44-28
Date Filed 7-3-44

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.....

Rollin & Mitchell Marbury Registered Apprentice No.
working under my personal supervision.

Signed Timon R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.