

S. No. 2  
4-5-43  
5-17-39  
I X36671

DEPARTMENT OF HEALTH  
FILED JUN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18356

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 18

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Oronogo  
(c) Name of hospital or institution:  
Oronogo  
(d) Length of stay: In hospital or institution 27 years  
In this community 27 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Oronogo  
(d) Street No.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Florence Leeds  
3. (b) If veteran, name war  
3. (c) Social Security No.  
4. Sex F Color or race W  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 23 year 1944 hour 10:15 minute A.M.  
21. I hereby certify that I attended the deceased from May 14 1944 to May 23 1944 that I last saw her alive on May 22 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

8. AGE: Years 68 Months 2 Days 25

Due to  
Due to

9. Birthplace Dallas County Mo

Other conditions  
Major findings: Of operations

10. Usual occupation Housework

Of autopsies  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

11. Industry or business Home

12. Name William Nimrod

13. Birthplace Mo

14. Maiden name Cynthia Morris

15. Birthplace Mo

16. (a) Informant Mrs. Mrs. Wm. Loge  
(b) Address Oronogo, Mo

17. (a) Burial (b) Date thereof May 25 1944  
(c) Place: burial or cremation Oronogo Cem

18. (a) Signature of funeral director H. J. Nelson  
(b) Address Wash City Mo  
19. (a) Date received local Registrar May 25 1944 (b) Registrar's signature Mrs. Lillie Loge

23. Signature [Signature] (M.D. or other) [Signature]  
Address [Address] Date signed 5/25/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1180

(Licensed Embalmer's Statement on Reverse Side)

44-5-480

*Gregory*

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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.....

*C. H. Hedge*

Licensed Embalmer No.....

*2859*

P. O. Address.....

*Webb City 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.**