

FILED JUL 13 1944
Registration District No. **208**

Primary Registration District No. **4320**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Palmyra**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
603 South Dickerson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)

In this community **15 years**

3. (a) PRINT FULL NAME **Leuelia Kaylor**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **A.D. Kaylor**

6. (c) Age of husband or wife if alive **27** years **1865**

7. Birth date of deceased: **October 27 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	27	hr. min.

9. Birthplace: **Sullivan Co. Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER {

12. Name **C. Canary**

13. Birthplace **Sullivan Co. Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Graham**

15. Birthplace **Sullivan Co. Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **C.H. Kaylor**

(b) Address **Palmyra, Missouri**

17. (a) **Burial** (b) Date thereof **6/26/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Steffenville, Mo.**

18. (a) Signature of funeral director **Lewis Brown**

(b) Address **Palmyra, Mo.**

19. (a) **6/25/44** (b) **Mrs Margaret Mader**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

(c) City or town **Palmyra**
(If outside city or town limits, write "RURAL")

(d) Street No. **603 S. Dickerson**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1944** hour **2** minute **20 P.**

21. I hereby certify that I attended the deceased from **Jan 1**
1940, to **July 24**, **1944**
that I last saw her alive on **June 24**, **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Pneumonia** Duration **5 days**

Due to **Gen Arteriosclerosis** **20 yrs**
Myocarditis Mitral insuff

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **930**

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 **2**

23. Signature: **H.P. Rowner** (M. D. or other) **MD**

Address: **Palmyra Mo** Date signed **6/24/44**

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

4
2
0

MOTHER FATHER

1145

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

Robert Lewis

Licensed Embalmer No.

7384

P. O. Address

Palmyra 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.