

S. No. 2
M-8-43
5-17-39
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25330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1944

Registration District No. 25-1

Primary Registration District No. 5843

Registrar's No. 118

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (Polk Town)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 1/2 miles N.E. Maryville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Betty Thomas Leech
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Alonzo H. Leech 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 16, 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business Joseph Scott

12. Name Virginia

13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Gray

(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 8-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation white Oak Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.

19. (a) 8-4-44 (b) Alvin Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 5 1/2 miles N.E.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: August 2
1944 Month 1 day 15 A.M.
year hour minute

21. I hereby certify that I attended the deceased from JULY 15, 1944, to AUG 1, 1944,
that I last saw her alive on AUG 1, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro-enteritis Duration 3 weeks

Due to _____

Due to _____

Other conditions Cardiovascular and Renal Disease 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 12/2
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 _____

23. Signature W.L. Grandfather (M. D. or other) DO

Address MARYVILLE MO. Date signed 8-3-44

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

1349

(Licensed Embalmer's Statement on Reverse Side)

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 *J. W. L. Gee*

Licensed Embalmer No. 2539

P. O. Address Manville 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.