

Registration District No. 77Primary Registration District No. 3016Registrar's No. 181

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
122 W. Miller St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 12yrs
 years, months or days)

3. (a) PRINT

FULL NAME Mary Ellen Leslie

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 William 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 29 1852
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 0 8 hr. min.

9. Birthplace Southeast of California, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William B. Groon

13. Birthplace Ky. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Emily Moran

15. Birthplace Ky. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant John L. Ambros(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/9/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Empire Cemetery18. (a) Signature of funeral director Doctor Bensch(b) Address Jefferson City, Mo.

19. (a) 8-7-44 (b) Pharmax Richter
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 122 W. Miller
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
 year 1944 hour 10 minute a M.

21. I hereby certify that I attended the deceased from July 21, 1944 to Aug 6, 1944
 that I last saw him/her alive on Aug 6, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(c) 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 Walter L. Leslie (M. D. or other) _____
 Address Russellville Mo Date signed 8-6-44

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

894

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-21-44.....

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Victor Buescher*.....

Licensed Embalmer No. 3701.....

P. O. Address Jefferson 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.