

S. No. 2
M-5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33857
State File No.
Registrar's No. 58

Registration District No. 46 Primary Registration District No. 4063

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Hamilton
(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... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Caldwell
(c) City or town Hamilton (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rial Eugene Leverger
3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 17 year 1944 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Sept 17 1944 to Sept 18 1944
that I last saw him alive on Sept 18 1944 and that death occurred on the date and hour stated above.

4. Sex Male (M) 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 16 1944 (Month) (Day) (Year)

Immediate cause of death: Patent foramen Ovale.
Due to: Premature Birth
Other conditions (Include pregnancy within 3 months of death): 159
Major findings: Of operations: Of autopsy:

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

9. Birthplace Hamilton Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Melvin Chvinger
13. Birthplace Caldwell Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Dolana J. Leander
15. Birthplace Paris Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Melvin Chvinger
(b) Address: Hamilton Mo.

17. (a) Burial (b) Date thereof: 9 18 44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem.

18. (a) Signature of funeral director: Marie Bean
(b) Address: Hamilton Mo.

19. (a) Nov 3-1944 (Date received local registrar) (b) Corinne Barrett (Registrar's signature)

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?

23. Signature: Herbert R. Booth (M. D. or other) MO
Address: Hamilton Mo. Date signed: 11/4/44

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.....

Was Not Embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Morris A. Brown*.....

Licensed Embalmer No. *3918*.....

P. O. Address..... *Hamilton 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.