

Registration District No. 98

Primary Registration District No. 5359

Registrar's No. 95

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Grand River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 Miles N. E. Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Rural Grand River
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Miles N. E. Gallatin, Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. NO

3. (a) PRINT FULL NAME Mary Ellen Leap

3. (b) If veteran, name war. None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1944 hour 5 minute A M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John D. Leap

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 19 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1944, to Oct 9, 1944.

that I last saw her alive on Oct 8 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>20</u>	<u>hr.</u> <u>min.</u>

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis + Endocarditis.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Chronic nephrosis
(Include pregnancy within 3 months of death)

Due to _____

11. Industry or business _____

12. Name Andrew Jackson Johnson

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

14. Maiden name Rhoda Gosnell

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

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant John D. Leap

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 10-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 10-12-1944 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

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 [Signature] (M.D. or other) DL

Address [Signature] Date signed 10-12-44

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 *Lemua L. Hayes*
Licensed Embalmer No. *2162*
P. O. Address *Fayetteville 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.