

No. 2  
-8-13  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38710

State File No. \_\_\_\_\_

FILED NOV 24 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3059

Registrar's No. 202

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bonne Terre Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 1/2 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Leadwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEONA LOUISE WARREN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced I

6. (b) Name of husband or wife ROY WARREN 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 7 1909  
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name HENRY HAMMAN

13. Birthplace \_\_\_\_\_ (City, town, or county) 0 Missouri (State or foreign country)

14. Maiden name EVA JOHNSON

15. Birthplace \_\_\_\_\_ (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant ROY WARREN

(b) Address Leadwood, Missouri

17. (a) Burial (b) Date thereof October 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood, Missouri

18. (a) Signature of funeral director L. Buser & Son

(b) Address Leadwood, Missouri

19. (a) Nov 7-44 (b) James Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from By Curran Investigator on Oct 22, 1944

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death BURNS  
Bugand came to her death by burns on the body, legs and arms caused by an explosion of a benzene can while she was using it in the home to start a fire in the stove  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
18/15

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) Accident 094

(b) Date of occurrence Oct. 21, 1944

(c) Where did injury occur Leadwood St. Francois Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm

While at work? no (e) Means of injury Explosion

23. Signature Clarence Claywell (M.D. or other)

Address Chambers Mo 2 Date signed 10/23/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 1144-4590  
Date Filed 11-27-44

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

Melvin Miller, Registered Apprentice No. 367

working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.