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 P1 X37823

DEPARTMENT OF THE CENSUS
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41942**

FILED JAN 15 1945

Registrar's No. **72**

Registration District No. **91**

Primary Registration District No. **5990**

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

1. PLACE OF DEATH:
 (a) County Putnam
 (b) City or town Rural, Jackson twp/
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pollock, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 years, months or days (Specify whether
 In this community 1 yr.

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

3. (a) PRINT FULL NAME Lizzie Jane Leaper
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 11
 year 1944 hour 5 minute 30 A.M.

4. Sex F. 5. Color or race W
 6. (a) Single, widowed, married, divorced 2 W.
 6. (b) Name of husband or wife Geo Leaper alive 2 years
 6. (c) Age of husband or wife if
 7. Birth date of deceased March 10 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3
1943 to Dec 5, 1944
 that I last saw her alive on Dec 1, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 9 1 hr. min.
 9. Birthplace (City, town, or county) 7 (State or foreign country)

Immediate cause of death Coronary occlusion 3 days
 Due to arteriosclerosis and hypertension 20 years
 Due to 2 severe diabetes
 Other conditions Chronic nephritis
 (Include pregnancy within 3 months of death)

10. Usual occupation Homework
 11. Industry or business
 12. Name John Loughhead
 13. Birthplace Mich (City, town, or county) (State or foreign country)
 14. Maiden name Mich
 15. Birthplace Mich. (City, town, or county) (State or foreign country)

Major findings:
 Of operations 131b
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Glady Leaper
 (b) Address Pollock Mo.
 17. (a) Burial (b) Date thereof 12-14-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pollock, Mo.
 18. (a) Signature of funeral director W. D. Durdick
 (b) Address Unionville
 19. (a) Jan 2 1945 (b) W. D. Durdick
 (Date received local register) (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?
 (Specify type of place)
 While at work? ✓ Means of injury 2
 23. Signature John A. Pudd (M. D. or other) 2
 Address Pollock, Mo. Date signed 12/12/44

RECEIVED

District Health Officer No. 10

District File Number 1-45-146

Date Filed JAN 12 1945

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. O. Husted

Licensed Embalmer No. 2975-

P. O. Address Unionville.

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.