

3722

S. No. 2
OM-2-43
v. 5-17-39
W I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 29

FILED JAN 25 1945

Registration District No. 6-1-6-5 = 346 Primary Registration District No. 376 1-16 J

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
400

1. PLACE OF DEATH:

(a) County Stone

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

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

(d) Street No. Crane - R-2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Francis Leath

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1943 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____
_____ to July 17 1943
that I last saw her alive on July 16
and that death occurred on the date and hour stated above. 1943

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Dec. 18 - 1868
(Month) (Day) (Year)

Immediate cause of death as a result of ill. lung myocarditis

Duration 2 yrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>29</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation house wife

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Henry

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

14. Maiden name Martha Meller

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

16. (a) Informant Loren Leath

(b) Address Crane - Mo. R-2

17. (a) Burial (b) Date thereof July-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright Cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever - Mo.

19. (a) July 20-43 (b) Seay
(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 _____

23. Signature A. P. Latta (M. D. or other) M.D.
Address Crane, Mo Date signed 7-17-43

RECEIVED
District Health Officer No. 6,
District File Number 145-93
Date Filed JAN 17 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.....

Licensed Embalmer No.....

P. O. Address.....

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.