U. S. No. 2
00M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9930

Primary Registration District No. 2001

Registrar's No. 145

1. PLACE OF DEATH:
(a) County: JASPER Co.
(b) City or town: JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)
In this community: 37 years

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

3. (a) PRINT FULL NAME: Allie Harrison Leighty
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: Married
6. (b) Name of husband or wife: William Leighty
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: May (Month) 5 (Day) 1873 (Year)
8. AGE: Years 71 Months 10 Days 20 If less than one day hr. min.
9. Birthplace: Johnson Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: Carlin Harrison
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Zora Belle Fiehl
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Nell Price
(b) Address: Neosho Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F.
18. (a) Signature of funeral director: J. A. Bigham
(b) Address: Neosho Mo
19. (a) 3-26-45 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 25 year 1945 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Mar 13, 1945, to Mar 25, 1945 that I last saw her alive on Mar 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolus	30 min
Due to Chronic myocarditis	over 2 wks
Due to also mesenteric thrombosis	over 2 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93#	
Of autopsy	

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Joplin Mo Date signed 3-26-45

204

(Licensed Embalmer's Statement on Reverse side)

45-3-245

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 Neal A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.