S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25314

FILED AUG 46 1945

Registration District No. _____ Primary Registration District No. 6243 Registrar's No. 36

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town POTOSI RURAL RT. 1 Liberty
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 73-2-27

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County WASHINGTON 110
(c) City or town POTOSI, MO. R 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MI. WEST OF POTOSI 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ZOE BELLE COLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 26 - 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace WASHINGTON CO MO 0 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ~~LEO LECLERE~~
MOTHER FATHER
12. Name LEO LECLERE
13. Birthplace WASHINGTON CO MO 0 (City, town, or county) (State or foreign country)
14. Maiden name SARAH COOK
15. Birthplace WASHINGTON CO MO 0 (City, town, or county) (State or foreign country)
16. (a) Informant MRS L.D. LAKE
(b) Address DOWNERS GROVE ILL.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO
18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.
19. (a) 6-24-45 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23 year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 21, 1945 to June 23, 1945 that I last saw he alive on June 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary obstruction — Duration
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Jos. L. Thurman (M. D. or other)
Address Potosi, Mo Date signed 6/24-45

866 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-2-45
District Health Officer No. 4
District File Number 8-45-886
Date Filed 8-2-45

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 Mary M. Smith

Licensed Embalmer No. 4394

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.