S. No. 2
M—8-43
. 5-17-39
P 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

34042

State File No.

FILED NOV 8 1945

Registration District No. 164 Primary Registration District No. 5598 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden R R# 5 (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution none (Specify whether

In this community 77 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Holden R R# 5 (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 Deborah Hodges Leaker

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widow

6. (b) Name of husband or wife Newton Leaker

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased July (Month) 18 (Day) 1851 (Year)

8. AGE: Years 94 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same

FATHER
12. Name Leary Ainsworth
13. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Danah Hodges
15. Birthplace unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant Metichias Leaker

(b) Address R#5 Holden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 '45 (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Mo

18. (a) Signature of funeral director Canaday & Rapp

(b) Address Holden Mo

19. (a) Oct 13 1945 (Date received local registrar) (b) Leola M Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1945 hour 3 minute 45A M.

21. I hereby certify that I attended the deceased from Oct 4, 1945, to Oct 10, 1945; that I last saw her alive on Oct 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to: (1) Fr Hip Oct 4 1945 (2) Senility 1

Due to: (3) arteriosclerosis 3

Other conditions (Include pregnancy within 3 months of death) 186 w's 18

Major findings: Of operations no operation

Of autopsy no autopsy

Duration

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) Accident 51

(b) Date of occurrence 10-4-45

(c) Where did injury occur? Holden (City or town) Johnson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell on floor of home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature W M Martin (M. D. or other)

Address Odessa Mo Date signed 10-11-45

1601

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1946

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 M K Canaday

Licensed Embalmer No. 3434

P. O. Address Poplar Bluff 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.