S. No. 2
1—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2359

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 22

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

348

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South East Mo Hosp O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Chaffee (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 Thomas Silvester Leavitt

3. (b) If veteran, name war ✓

3. (c) Social Security No. 332-20-5929

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mabel Pickup Leavitt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 16 (Day) 1880 (Year)

8. AGE: Years 65 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Govt civil Engineer

11. Industry or business

FATHER
12. Name Julius M Leavitt
13. Birthplace Keene (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Florence Baldwin
15. Birthplace Don't Know (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs T S Leavitt

(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Chaffee, Mo

19. (a) 1-18-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1946 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 7, 1946, to Jan 8, 1946 that I last saw him alive on Jan 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Arteriosclerosis +

Due to Parenchymatous nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of 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)

(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 Carl W Zimmerman (M. D. or other)

Address Cape Girardeau Date signed Jan 17/46

44

(Licensed Embalmer's Statement on Reverse Side)

District Registrar's Office No. 4
District File Number 246-1656
Date Filed 2-7-46

FEB 23 1946

MAR 4 1946

JUL 11 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 Maurice Burlingham

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.