

FILED FEB 15 1946

State File No. _____

Registration District No. 208

Primary Registration District No. 5761

Registrar's No. 5-

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marion Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 5 yrs.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

MARTHA E. LEAK
Martha E. Leak

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 Wid

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

3 16 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 4 hr. min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Richard O'Brien

12. Name Ralls County Mo

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

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Co. Hospital records

(b) Address Palmira Mo

17. (a) Hannibal (b) Date thereof 1-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo

18. (a) Signature of funeral director A. J. S. Pragus

(b) Address Palmira Mo

19. (a) Jan 21-1946 (b) Plauie Boone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. MARION Co. Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1946 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to Jan 20, 1946
that I last saw her alive on Jan 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis

Due to _____
Due to _____

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? _____

While at work _____ (Specify type of place)
Means of injury _____

23. Signature E. M. Luck (M. D. number) _____
Address Hannibal Mo Date signed 1-21-46

MOTHER FATHER

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

A. M. Sprague

Licensed Embalmer No. *999*

P. O. Address

Palmyra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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