. No. 2
I—5-43
5-17-39
I X36671

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

FILED MAR 13 1946

State File No. 6431

Registration District No. 200 Primary Registration District No. 5722 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Macon

(b) City or town rural Morrow
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary A. Leathers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 14" (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Thomas M. Winkler
13. Birthplace Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Ann Eliza Durham
15. Birthplace Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mr. Louise Neeson
(b) Address College Mound, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-46 (Month) (Day) (Year)
(c) Place: burial ~~cremation~~ Hebron

18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.

19. (a) 2/5/46 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24" year 1946 hour 1 minute 30 a.M.

21. I hereby certify that I attended the deceased from Jan 10 1946, 19, to Jan 24, 1946 that I last saw her alive on Jan 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis ~~Jan 10~~ — Duration 14 days

Due to

Due to Cardiovascular disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930

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 P. P. Gourway (M. D. or other)

Address Macon Mo Date signed 2/

183

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-434
Date Filed MAR 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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.