

S. No. 2
A-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 5 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 9198
Registrar's No. 35

Registration District No. 138 Primary Registration District No. 4220

13000
8125
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County HICKORY
(b) City or town WHEATLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JOHNSON
(c) City or town LEETON RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE McKEECHAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 18
year 1946 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from March 10
1946, to March 17, 1946;
that I last saw her alive on March 17, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White
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 NOVEMBER 23 1878
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of sigmoid 4 yrs.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
69 3 25 hr. _____ min.
9. Birthplace _____ (City, town, or county) INDIANA! (State or foreign country)

Major findings:
Of operations _____
Of autopsy 462
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation RETIRED
11. Industry or business _____
12. Name Noah Smith
13. Birthplace _____ (City, town, or county) INDIANA! (State or foreign country)
14. Maiden name AMANDA (UNKNOWN)
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant CHARLIE RENO
(b) Address WHEATLAND, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation LEETON CEMETERY
18. (a) Signature of funeral director BOB BRAUNINGER
(b) Address LEETON MO.
19. (a) MARCH 18-46 (Date received local registrar) (b) W.O. Hargish (Registrar's signature)

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) (e) Means of injury 2
23. Signature C.N. Bailey (M. D. or other) pl
Address Wheatland Date signed March 15

RECORDED

Office No. 79

3-46-268

4-4-46

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.....

William C. Mendenhall, Registered Apprentice No. 396,
working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.