

FILED APR 18 1946

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Oslin Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
 (c) City or town Oslin - Rural Route 2
 (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

Laura Leutert
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 562-34-9954

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 (Day) (Year)

7. Birth date of deceased April 6 1894
 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 28
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Alford Kelley
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie Dressinger
 (b) Address Oslin, Mo. R. 2
 17. (a) Burial (b) Date thereof 4-7-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ogdenville Cemetery

18. (a) Signature of funeral director Landers Funeral Home
 (b) Address Campbell Missouri
 19. (a) 4-13-46 (b) D. S. Shultz
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
 year 1946 hour _____ minute 11:20 A.M.

21. I hereby certify that I attended the deceased from _____, 1946, to _____, 1946,
 that I last saw her alive on 4-4-46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
 Due to arteriosclerosis

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 940
 Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) MD
 Address Poplar Bluff Date signed 4-8-46
 (Specify type of place) _____ (e) Means of injury _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 1

District File Number 446-530

Date Filed 4-16-46

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *1270*

Registration District No. *43*

Primary Registration District No. *3007*

Registrar's No. *1270*

1. PLACE OF DEATH:

(a) County *Butler*
(b) City or town *Poplar Bluff*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *Poplar Bluff Hosp.*
(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)

3. (a) PRINT FULL NAME *Laura Teutert*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *w* 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased *April 6 1946*
(Month) (Day) (Year)

8. AGE: Years *71* Months _____ Days _____ (Less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) *MO*

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) *4-13-46* (b) *RH Minette*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year *1946* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

12342