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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13871

State File No. _____
Registrar's No. 133

Registration District No. 209 Primary Registration District No. 3043

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Levering 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 3501 Market - Long Rest Home
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pattie Leonard
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 Widowed
6. (b) Name of husband or wife John Cortez Leonard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 23, 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1946 hour 12 minute 25 P.M.
21. I hereby certify that I attended the deceased from March 1
19 46 to March 30 19 46
that I last saw h. ev. alive on March 30 19 46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 6 7 hr. _____ min.

Immediate cause of death Chronic Sclerotic type of myocarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace No record Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX
12. Name No record
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record
(City, town, or county) (State or foreign country)

Major findings: Of operations g3rd
Of autopsy not performed
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant Mrs. Katherine Leonard
(b) Address Hannibal Missouri
17. (a) Burial (b) Date thereof 4/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet
18. (a) Signature of funeral director Clayford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 4-2-46 (b) Dr. E.M. Luke
(Date received local registrar) (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) (c) Means of injury _____
23. Signature P. L. Murphy (M. D. or other) _____
Address Hannibal, Mo. Date signed 4-2-46

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

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(Licensed Embalmer's Statement on Reverse Side)

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.....*Crawford Smith*.....
Licensed Embalmer No.....*7814*.....

P. O. Address.....*Hannibal Missouri*.....

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.