

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1946
STANDARD CERTIFICATE OF DEATH

State File No. **17373**
Registrar's No. **147**

Registration District No. **209** Primary Registration District No. **3043**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **HATTISBAL**
(c) Name of hospital or institution:
2711 MARKET ST
(d) Length of stay: In hospital or institution.....
In this community **12 day**

2. USUAL RESIDENCE OF DECEASED:
(a) State **ILL** (b) County **PIKE 999**
(c) City or town **HULL** **11**
(d) Street No. **0**
(e) Citizen of foreign country? **2**
If yes, name country.....

3. (a) PRINT FULL NAME **JOSEPHINE Leonard**
3. (b) If veteran, name war **L** 3. (c) Social Security No. **L**
4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **ISSACH** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **Aug 7 - 1875**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Apr** day **12** year **1946** hour **8** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **Apr 12** to **Apr 12** 19 **46**
that I last saw her alive on **Apr 12** 19 **46** and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **8** Days **5** If less than one day **hr. min.**

Immediate cause of death **Coronary atherosclerosis**
Due to.....
Due to.....

9. Birthplace **COLE CO. ILL**
10. Usual occupation **HOUSEWIFE**

Other conditions **Chronic myocarditis**
Major findings: Of operations **none**
Of autopsy **94K**

11. Industry or business **OWN HOME**
12. Name **R. Cantwright**
13. Birthplace **no Record**
14. Maiden name **no Record**
15. Birthplace **no Record**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jessie Leonard**
(b) Address **Hull Ill**
17. (a) **Burial** (b) Date thereof **Apr 16 - 46**
(c) Place: burial or cremation **OLIVE CHAPEL**
18. (a) Signature of funeral director **W. C. Congrove**
(b) Address **Payson Ill**
19. (c) **4-13-46** (b) **Dr. M. Lucke**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature **Dr. M. Lucke** (M. D. or D. O.)
Address **1711 Blue Island St** Date signed **4/13/46**

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

16254

Dr. Richmond

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 *George F. Bond*.....

Licensed Embalmer No. *4373*.....

P. O. Address *Humboldt - 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.