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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20698

Registration District No. 152 Primary Registration District No. 4-2-4 4241 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove (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 years, months or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Belle Levering

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FM 1

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 Oct (Month) 31 (Day) 1873 (Year)

8. AGE: Years 72 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business —

FATHER
12. Name Wm Reaves 1
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Melissa True
15. Birthplace Osceola (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Bertha Krahnbuel

(b) Address Oak Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cem - Bates City Mo

18. (a) Signature of funeral director Mrs G B Webb Son

(b) Address Oak Grove Mo

19. (a) July 2, 1946 (Date received local registrar) (b) Mrs. Jessie M. Wistar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1946 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 1 5, 1946, to June 22, 1946; that I last saw her alive on June 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition — Duration 6 weeks

Due to Complete intestinal obstruction 6 weeks

Due to Carcinoma of duodenum with metastases into abdomen 8 weeks

Other conditions Viscera Fibroid non malignant 5 years (Include pregnancy within 3 months of death)

Major findings: Of operations Fibroid of uterus Cancer Hospital Cabinet Mo

Of autopsy None 46c

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) No

(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 [signature] (M. D. or other)

Address Oak Grove Mo. Date signed 6-24-46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1968

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.