S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26396

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 912

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Washington Twp. " RURAL "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 4 Pickett Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St Joseph Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4 Pickett Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Margaret Leucht
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred L.
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June (Month) 5 (Day) 1875 (Year)

8. AGE: Years 71 Months 2 Days 6 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Wm F. Krumm
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Margaret Miller
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Miss Carrie Leucht
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.
19. (a) Aug. 14, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1946 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 14, 1946, to Aug 10, 1946 that I last saw her alive on Aug 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Diabetes Mellitus	8 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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) (e) Means of injury 0
23. Signature H. F. Mundy (M. D. or other) 8/12/46
Address 404 So 3d St Date signed
St. Joseph, Mo.

54 (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. Robert L. Yapl

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.