S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29785

FILED OCT 7 1946

Registration District No. 33 Primary Registration District No. 3011 Registrar's No. 121

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(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

3. (a) PRINT FULL NAME Winnie May Leslie

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Leslie

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. (Month) 3 (Day) 1894 (Year)

8. AGE: Years 52 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Burkhart
13. Birthplace Carroll Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ida Belle Henderson
15. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Walter Leslie
(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (c) Signature of funeral director Stanley J. Gibson
(b) Address Carrollton Mo.

19. (a) 9/14/46 (Date received local registrar) (b) Mrs. Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1946 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 26, 1946, to Sept 13, 1946, that I last saw him alive on Sept 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Leukemia	7 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NA
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) (e) Means of injury /

23. Signature N. O. Davis (M. D. or other) D.C.

Address Carrollton Date signed Sept 13-46

45 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-5-46

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.