

S. No. 2
OM-2-43
v. 5-17-39
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39820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1946
Jefferson City, Mo.
Registration District No. 48

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3

Primary Registration District No. 5173 A

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town "RURAL" SUMMIT *Tump*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.#1, Holt Summit, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Years
In this community 24 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#1, Holt Summit, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Leulah M. Carlton
3. (b) If veteran, name war _____
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27
year 1946 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from April 29, 1943, to Dec. 27, 1946
that I last saw her alive on Dec. 27, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George M. Carlton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 25 1860
(Month) (Day) (Year)

Immediate cause of death Chronic endocarditis Duration 5 yr.
Due to arteriosclerosis 10 yr.
Due to _____

8. AGE: Years Months Days If less than one day
86 1 2 hr. _____ min.

Other conditions Hypostatic congestion of lungs 48 hr.
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy 927

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Meridith T. Moore
13. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Ramsey
15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant G.L. Carlton
(b) Address R.F.D.#1, Holt Summit, Mo.
17. (a) Burial (b) Date thereof Dec-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery
18. (a) Signature of funeral director W. P. Gordon
(b) Address Jefferson City, Missouri
19. (a) 12-27-46 (b) R. P. Davis md jr
(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) (e) Means of injury _____
23. Signature R. P. Davis md jr (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 12/27/46

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

38634

Date Filed 12-30-46

District File Number

District Health Officer No. 9

RECEIVED

FEB 17 1947

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 *Thos. J. Gordon*

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.