No. 2
12-45
-17-39
X47070

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. 43251

FILED JAN 3 1947

Registration District No. 3

Primary Registration District No. 6152 a

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Stoddard, Liberty

(b) City or town Dexter, Mo. Str. R.
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter, Str. R.
(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 Clara Elizabeth Leslie,

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James S. Leslie

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb. (Month) 11. (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	3	hr. min.

9. Birthplace Dexter, Mo. Str. R. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Farming.

FATHER
12. Name William Pruitt,
13. Birthplace Birdseye (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Clarcy Ellen Vaughn
15. Birthplace Dexter, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant James S. Leslie

(b) Address Dexter, Str. R. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 16. (Day) 46. (Year)

(c) Place: burial or cremation Hill Cemethery

18. (a) Signature of funeral director Watkins Funeral Servie

(b) Address Dexter, Mo.

19. (a) 12/23 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1946 hour 12 minute ..... M.

21. I hereby certify that I attended the deceased from Sept 15, 1946, 19..., to December 14, 1946, that I last saw her alive on December 14, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC DECOMPENSATION	2 DAYS
Due to CIRROSIS OF LIVER	2 YEARS
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

124B

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Dr H. E. Poe (M.D. or other) DO

Address ..... Date signed .....

367

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,152
District File Number 1246 - ~~1506~~
Date Filed 12-31-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.