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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947
Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 50

Primary Registration District No. 3008

4
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 211 W. 4th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 years (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Callaway
(c) City or town Fulton Mo's
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bess M Leeper
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2nd day March year 9 hour 30 P minute 30 P M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 28 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw or heard of him or her alive and that death occurred on the date and hour stated above.
Immediate cause of death Deceased died suddenly in bed and unattended by a physician Duration

8. AGE: Years Months Days If less than one day
62 2 4 hr. min.

Due to Probably from a
Due to Coronary thrombosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 94A

9. Birthplace Williamsburg Mo-0
(City, town, or county) (State or foreign country)
10. Usual occupation Stenographer

11. Industry or business
12. Name Charles E. Harris
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Robinson
15. Birthplace Williamsburg Mo 0
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Blanche Howard
(b) Address 211 W. 4th Fulton Mo
17. (a) Burial (b) Date thereof Feb 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest - Fulton Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W. 6th Fulton Mo
19. (a) Feb. 5-1947 (b) Joan Morant Hoff
(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 3
23. Signature Mr. Barnett (M. D. or other) Coroner
Address Fulton Mo Date signed 3/3/47

RECEIVED
District Health Officer No. 9,
District File Number
2-11-47
Date Filed

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 Wenzel C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton ms

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.