

FILED FEB 5 1947

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering 0
(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 Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leon August DeLaPorte

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Ellen DeLaPorte 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 6, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 15 hr. min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name August Thomas DeLaPorte

13. Birthplace Caen France
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mardhloff

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. DeLaPorte

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 1/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director H. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-22-47 (b) W. E. M. Lusk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1947 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 19-47
to Jan 21-47
that I last saw alive on Jan 21-47
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 da

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 H. P. Berry (M. D. or other) M.D.
Address Hannibal Mo Date signed 1-22-47

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..... *W. Crawford Smith*

Licensed Embalmer No..... 3814

P. O. Address..... Hannibal Missouri

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.