

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JAN 30 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1817

Registration District No. 210

Primary Registration District No. 5768

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural near Pleasanton
(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 73 years years, months or days)

3. (a) PRINT FULL NAME Lean Rebecca Argo

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 Luther Argo 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 (Month) 23 (Day) 1873 (Year)

8. AGE: Years 73 Months 1 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Benjamin Richardson

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

14. Maiden name Rebecca Biggs

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Luther Argo

(b) Address Pleasanton, Iowa

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 8 (Day) 1947 (Year)

(c) Place: burial or cremation Hamilton, Iowa

18. (a) Signature of funeral director F. S. Stenmark

(b) Address Lebanon, Iowa

19. (a) 1-13-47 (Date received local registrar) (b) Lean Markini (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Rural near Pleasanton (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1947 hour 1 am. minute 0 M.

21. I hereby certify that I attended the deceased from Dec 31 1946 to Jan 7 1947
that I last saw him alive on Jan 6 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature C. E. Smith (b) Date signed Jan 14

Address Lincoln, Ia Date signed _____

DISTRICT HEALTH OFFICE
Cameron No.

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, only
working under my personal supervision.

Signed John C. Stewart
Licensed Embalmer No. 4422
P. O. Address Leam Town

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.