S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17921

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
(c) City or town LEBANON 1
(If outside city or town limits, write "RURAL")
(d) Street No. 328 GARFIELD 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LEOLA IRENE EVANS KERLEE

3. (b) If veteran, name war
3. (c) Social Security No. 497-24-5566

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED.
6. (b) Name of husband or wife ARTHUR KERLEE
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct (Month) 14 (Day) 1913 (Year)

8. AGE: Years 33 Months 6 Days 17 If less than one day hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name FRANK EVANS
13. Birthplace PHELPS Co. (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MARY HOLT
15. Birthplace OZARK Co (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Frank Evans
(b) Address LEBANON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) May 10, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1 year 1947 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 1, 1947, to May 1, 1947, that I last saw her alive on May 1, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Second & Third Degree Burns entire body surface — Duration 12 hrs.
Due to Kerosene burns 2°-3°
Due to ? Swallowed rat poison
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) Suicide
(b) Date of occurrence May 1, 1947
(c) Where did injury occur? Lebanon (City or town) Laclede (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Self inflicted
23. Signature Wm. J. Waihoja (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 5/2/47

(Licensed Embalmer's Statement on Reverse Side)

Received 5/14/47

Laclede County Health Unit

File No. 5-47-77

Date Filed 5/15/47

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed R. A. Palmer

Licensed Embalmer No. .....

P. O. Address .....

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.