

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21417**
Registrar's No. **142**

FILED JUL 10 1947

5584

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County..... **Jasper**

(b) City or town..... **rural - McDonald Twnship**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....
Route 2 - Sarcoxie /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
45 years (Specify whether years, months or days)

In this community.....
45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Jasper**

(c) City or town..... **Sarcoxie**
(If outside city or town limits, write "RURAL")

(d) Street No..... **Route 2**
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Nora Viola Leaming**

3. (b) If veteran, name war..... **none**

3. (c) Social Security No. **none**

4. Sex..... **female**

5. Color or race..... **white**

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

6. (b) Name of husband or wife..... **Clay Leaming**

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

7. Birth date of deceased..... **December 15 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	10 hr. min.

9. Birthplace..... **DeWitt Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **at home**

11. Industry or business..... **----**

12. Name..... **Charles West**

13. Birthplace..... **unknown New Hampshire**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Belle Hunter**

15. Birthplace..... **unknown Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Harry Leaming**

(b) Address..... **Rt 2 Sarcoxie, Mo.**

17. (a) **burial** (b) Date thereof..... **June 27, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Dudenville Cemetery**

18. (a) Signature of funeral director..... **Knell Mortuary**

(b) Address..... **Carthage, Mo.**

19. (a) **6-27-47** (b) **L.B. Clinton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **25**
year..... **1947** hour..... **5** minute..... **A** M.

21. I hereby certify that I attended the deceased from.....
June 24 1947 to..... **June 25 1947**
that I last saw him/her alive on..... **June 24 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Angina pectoris
Coronary Atherosclerosis

Due to.....

Due to.....

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

PHYSICIAN

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)

(e) Means of injury.....

23. Signature..... **R.H. [Signature]** (M. D. or other)
Address..... **Carthage, Mo.** Date signed..... **June 26 1947**

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

41-6-556

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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage

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.