

No. 2  
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5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 14 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23684

Registration District No. 61

Primary Registration District No. 6262

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Kelton Mo.  
(If outside city or town limits, write "RURAL" and name of township.)

(c) Name of hospital or institution: Leadhill Twp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Kelton Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Leadhill Twp.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leona Henry

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1947 hour 10 minute 25 A.M.

4. Sex F / race W.

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased Nov. 9, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 1 - 1947 to June - 28 - 1947  
that I last saw her alive on June - 28 - 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 7 21 hr. min.

Immediate cause of death Acute Myocardial dilatation Duration \_\_\_\_\_

Due to Cardio-Vascular disease

Due to \_\_\_\_\_

9. Birthplace Christian Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Walter Atkinson

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

14. Maiden name Walter Knorr

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Mabel Meyers

(b) Address Kelton Mo.

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

(c) Place: burial or cremation Sparta Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) 7-29-47 (b) Lilla Barr  
(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)

23. Signature D. Harry Wilson (M.D. or other) \_\_\_\_\_  
Address Sparta Mo. Date signed 7-28-47

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

2  
0  
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RECEIVED  
District Health Officer No. 6,  
District File Number 847-820  
Date Filed AUG 12 1947

AUG 19 1947

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 T. B. Chaffin  
Licensed Embalmer No. 2192  
P. O. Address Ozark, Mo.

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.