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FILED AUG 13 1947
Millies

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26447

State File No. _____

Registration District No. 222

Primary Registration District No. 2074

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
In this community 3 1/2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 222 Murray Lane
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Altha A. Leigh

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Wm Leigh 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased: 11 (Month) 13 (Day) 1881 (Year)

8. AGE: Years Months Days If less than one day
65 8 1 hr. _____ min.

9. Birthplace Paducah Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 7
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Leigh
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof: 7/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 8-2-47 (b) Mo. J. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14
year 1947 hour 6 minute a M.

21. I hereby certify that I attended the deceased from 7-14-47
1-31-47, 19____, to _____, 19____.

that I last saw her alive on 7-13-47, 19____.

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinomatous
Due to orig. not known

Due to _____

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

Major findings: Generalized metastasis
Of operations _____
Of autopsy liver & mesentary
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 Charles J. Henry (M. D. or other) _____
Address Sikeston, Mo. Date signed 7-17-47

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

RECEIVED

District Health Office No.

District File Number 847-10

Date Filed 6-11-47

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

John Alcutt

Licensed Embalmer No.

3941

P. O. Address

Signature

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.