

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34932

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 75

## 1. PLACE OF DEATH

(a) County Lawrence  
 (b) City or town Aurora  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Aurora Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 12 hrs. (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

John R. League

## 3. (b) If veteran,

name war none

## 3. (c) Social Security

No. none4. Sex male5. Color or race white

## 6. (a) Single, widowed, married

divorced widowed

## 6. (b) Name of husband or wife

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Birth date of deceased

May-17-1868  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

79320

hr.

min.

## 9. Birthplace

(City, town, or county)

Mo. 6  
(State or foreign country)

## 10. Usual occupation

farmer

## 11. Industry or business

## 12. Name

David League

## 13. Birthplace

(City, town, or county)

unknown  
(State or foreign country)

## 14. Maiden name

unknown

## 15. Birthplace

(City, town, or county)

unknown  
(State or foreign country)

## 16. (a) Informant

Mare Utker

## (b) Address

Clever - Mo.17. (a) burial  
(Burial, cremation, or removal)(b) Date thereof Sept 9-47  
(Month) (Day) (Year)

## (c) Place: burial or cremation

Smart cem.

## 18. (a) Signature of funeral director

J.W. Maples

## (b) Address

Clever Mo.19. (a) 9-8-1947  
(Date received local registrar)(b) Orsa McNett  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
 (c) City or town rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Clever Route  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
 year 1947 hour 9 minute 30 A. M.

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

## Immediate cause of death

acute myocardial infarction

## 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)  
 (e) Means of injury \_\_\_\_\_

23. Signature R. P. [Signature] (M. D. or other) 0  
 Address Amery Mo. Date signed 9-8-47

Duration

36 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 6,  
District File Number 1042-1088  
Date Filed OCT 23 1947

1961 P. 2 10N

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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 J. H. Morales  
Licensed Embalmer No. Cleaver - Mo 29  
P. O. Address Cleaver - 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.