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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38572

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 349

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE "RURAL" Blue (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: REST HAVEN HOME : 9904 WINNER ROAD 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS 1 MO. 24 DAYS (Specify whether years, months or days)
In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 46
(c) City or town INDEPENDENCE 4 (If outside city or town limits, write "RURAL")
(d) Street No. 402 E. FAIR 4 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MRS. ELLA LEAVERTON
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife XXXXXXXXXX
6. (c) Age of husband or wife if alive XXXXXX years
7. Birth date of deceased 2 (Month) 23 (Day) 1867 (Year)
8. AGE: Years 80 Months 9 Days 1 If less than one day ... hr. ... min.
9. Birthplace MARSHALLTOWN (City, town, or county) IOWA (State or foreign country)
10. Usual occupation NONE
11. Industry or business NONE
FATHER 12. Name REUBEN OAKS
13. Birthplace LONG ISLAND (City, town, or county) N. Y. (State or foreign country)
MOTHER 14. Maiden name ELIZ MURDOCK
15. Birthplace IOWA (City, town, or county) (State or foreign country)
16. (a) Informant MRS. H. L. BROOKS
(b) Address 402 E. FAIR. INDEPENDENCE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation MOUND GROVE
18. (a) Signature of funeral director [signature]
(b) Address 815 W. MAPLE AVE. INDEPENDENCE, MO.
19. (a) 11-27-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 1947 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from Jan 1944, 19..., to Nov 29, 1947; that I last saw him alive on 11-29, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Essential Hypertension	
Due to	
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)
(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? 2
While at work? (Specify type of place) (e) Means of injury
23. Signature [signature] (M. D. or other) DO
Address [illegible] Date signed 11-24-47

(Licensed Embalmer's Statement on Reverse Side)

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 Dale A. Oldfield, Registered Apprentice No. 31, working under my personal supervision.

Signed Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence 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.