No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40775

FILED JAN 5 1948

Registration District No. ...

Primary Registration District No. 3000

Registrar's No. 351

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 1 3
(c) City or town Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No. 1012 W. Locust (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ...

3. (a) PRINT FULL NAME Mattie Round
3. (b) If veteran, name war ...
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
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 April (Month) 12 (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 17 If less than one day ... hr. ... min.

9. Birthplace Macon County, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Home
11. Industry or business ...
FATHER
12. Name Joseph Lethcho
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Bonnie Beall 1
(b) Address Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata, Mo
18. (a) Signature of funeral director Dee Riley Funeral Home Paul M. Riley
(b) Address Kirksville, Mo
19. (a) 12-31-47 (Date received local registrar) (b) Pete Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~12-29-47~~ December 29 day ... year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from December 28, 1947 to December 29, 1947 that I last saw him alive on December 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial failure	5 min
Due to Myocardosis (chronic)	years
Due to pernicious anemia	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? ... (Specify type of place) 2
While at work? ... (e) Means of injury ...

23. Signature M. T. Gutensohn (M.D.) or other D.O.
Address Kirksville, Mo Date signed 12-29-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1

RECEIVED
District Health Officer No.
District File Number 1:48:4
Date Filed JAN -3 1948

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 William C. Mendenhall

Licensed Embalmer No. 4449

P. O. Address Kirksville, 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.