No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

4605

State File No.

FILED FEB 24 1948

Registration District No. 1 Primary Registration District No. 3.27 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~Dw~~ Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. ---
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Effie Mae Channell
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Floyd Channell
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased June (Month) 30 (Day) 1895 (Year)

8. AGE: Years 52 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Thomas P. Leabo
13. Birthplace Winston (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Amanda B. Plummer
15. Birthplace Angola (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Leonard Davis
(b) Address Trenton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Weatherby Missouri
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.
19. (a) [illegible] 1948 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 29 Jan 48, 19..., to 29 Jan 48, 19...; that I last saw her alive on 29 Jan 48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolus	7 hr
Due to Unknown	
Due to	
Other conditions hypertension (Include pregnancy within 3 months of death)	Unknown

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)
While at work? (e) Means of injury
23. Signature Edward Cuxon (M. D. or other) MD
Address Gallatin Mo Date signed 3 Feb 48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 24 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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.