

FILED APR 6 1948

Registration District No. 513

Primary Registration District No. 3010 3010

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
565 Decatur Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 565 Decatur Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Bell Leeds

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 W
6. (b) Name of husband or wife Joseph Leeds 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 2, 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Neelys Landing Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Wetherford
13. Birthplace Neelys Landing, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Powell
15. Birthplace Neelys Landing, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Leeds

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 3/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McClains Chapel

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 4-2-48 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28, year 1948 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to March 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 1 Hr.
Due to auricular fibrillation 2 weeks

Due to Cardiac Decompensation 2 weeks

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

Major findings: Of operations _____ Of autopsy 1737
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 D

23. Signature E. D. Campbell (M. D. or other) _____
Address Cape Girardeau, Mo. Date signed 4-2-48

RECEIVED

District Health Officer No. 4
District File Number 448-425
Date Filed 4-5-48

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 Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.