S. No. 2
M—8-43
v. 5-17-39
I X37823

14
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11706

Registration District No. 47 Primary Registration District No. 3608 Registrar's No. 138

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 yrs 10 mo 28 day (Specify whether)
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Col 26
(c) City or town Russellville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EMMA L LESLIE

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex f 1
5. Color or race white
6. (a) Single, widowed, married, divorced widow 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) 1870

8. AGE: Years 78 Months Days If less than one day hr. min.

9. Birthplace Hickory Hill (City, town, or county) Mo 1 (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name J M Knickol 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace D/C (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No 1
(b) Address Fulton Mo
17. (a) Removal (burial, cremation, or removal) (b) Date thereof 4-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Enloe Cem
18. (a) Signature of funeral director [illegible]
(b) Address Russellville Mo
19. (a) 4-24-1948 (Date received local registrar) (b) Josie Morawetz (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1948 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from April 1, 1948, to April 24, 1948; that I last saw her alive on April 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrosis of Liver	
Due to non alcoholic	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 124B	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M J Miller (M.D. or other) M.D.
Address Fulton Mo Date signed 4/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-10-48

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 G H Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville Ma

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.