S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1948

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 15354

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital 0
(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 77 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 321 N. Washington 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leora Mae Piper

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 28 (Day) 1871 (Year)

8. AGE: Years 76 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Mexico, Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ben F. Fox
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah E. Carter
15. Birthplace Audrain Co, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr Clyde Fox
(b) Address Mexico, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director Chas Arnold Jr
(b) Address Mexico, Missouri.

19. (a) 6/4/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature) 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 11 minute 40 P- M.

21. I hereby certify that I attended the deceased from May 17, 1948, to June 2, 1948
that I last saw her alive on June 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	17 days
Due to Myocarditis chronic and auricular fibrillation	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93.8

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 G M Kallenbach (M. D.)
Address Mexico Mo Date signed 6-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-998
Date Filed JUN 8 - 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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.