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

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 2488

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Stahl 19178

State File No.

Registrar's No. 493

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 519 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Months (Specify whether years, months or days)
In this community: 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Taney
(c) City or town: Hollister
(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

106001

3. (a) PRINT FULL NAME: Rose Pearl Leece
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
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: May (Month) 10 (Day) 1867 (Year)

8. AGE: Years 81 Months 1 Days 2 If less than one day hr. min.

9. Birthplace: Vinton (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER
12. Name: George Daughetee
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Mary Harding
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Richard D. Leece
(b) Address: Hollister, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Branson, Mo.
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 6-14-48 (Date received local registrar) (b) W. E. Hardy M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1948 hour 9 minute 30a. M.

21. I hereby certify that I attended the deceased from June 8, 1948, to June 12, 1948 that I last saw h. alive on June 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 9
Of autopsy: 9

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: Fred A. Stahl (M. D. or other) M.D.
Address: FRED A. STAHL, M.D. 307 WOODRUFF BLDG. SPRINGFIELD, MISSOURI Date signed 6/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1948

JUL 19 1950

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.....Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.