

FILED JUL 21 1948

Registration District No. 218

Primary Registration District No. 5784

Registrar's No. 34

1. PLACE OF DEATH:

(d) County: Mississippi
(b) City or town: Dorena
(c) Name of hospital or institution: Residence 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: 10 years
years, months or days

3. (a) PRINT FULL NAME: GRACE ELLEN LEAVER

3. (b) If veteran, name war: _____ 3. (c) Social Security No. None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
(b) Name of husband or wife: John Wiley Leaver 6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: Dec. 19, 1894
(Month) (Day) (Year)

8. AGE: Years: 53 Months: 4 Days: 20 If less than one day: _____ hr. _____ min.

9. Birthplace: Marshall Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business: _____

MOTHER FATHER

12. Name: Harden Drenner
13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: John Wiley Leaver
(b) Address: Dorena, Mo.

17. (a) Burial (b) Date thereof: 5-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Supony Slope, Ky.

18. (a) Signature of funeral director: James Shelby

(b) Address: East Prairie, Mo.

19. (a) 6-16-48 (b) Hertalde L. Harper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi
(c) City or town: Dorena, Mo.
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1948 hour 9:45 minute _____ a. M.

21. I hereby certify that I attended the deceased from May 8, 1948 to May 9, 1948
that I last saw her alive on May 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Due to: Hypertension
Due to: _____

Duration: 2 days
6 yrs

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

Major findings: g 30
Of operations: _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: W. P. Fester (M. D. or other)
Address: Wyatt, Mo. Date signed: 5-11-48

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

RECEIVED

District Health Office No. 2,

District File Number 248-892

Date Filed 2-19-48

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.