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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37376

State File No.

Primary Registration District No. 5762

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Marion, Round Grove Twp

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

(c) Name of hospital or institution: Rural 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Six years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LACY M LEONARD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul L Eonard

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb (Month) 3 (Day) 1917 (Year)

8. AGE: Years 31 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Lee Count (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name LEE McIntosh
13. Birthplace Lee Co. (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Laura Allen
15. Birthplace Jackson County (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Paul Leonard

(b) Address Maymood Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation Harrodburg, Ky

18. (a) Signature of funeral director Thomas Ball

(b) Address Ewing, Mo

19. (a) 11-29-48 (Date received local registrar) (b) Viola Geer, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1948 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 14, 1948 to Nov 28, 1948; that I last saw her alive on Nov 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Uterus Iliac & Mediastinal	4 years
Due to Metastases	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 48B
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

23. Signature J F Rouner (M. D. or other) D.D.

Address Palmyra Mo Date signed 11/29/48

(Licensed Embalmer's Statement on Reverse Side)

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.....Thomas Ball

Licensed Embalmer No.....1744

P. O. Address.....Ewing 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.

No. 2B
—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 209 Primary Registration District No. 5762 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

(c) City or town Round Grove Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Maywood. Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lacy M. Leonard

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 3 (Day) 19 (Year)

8. AGE: Years 31 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director Thomas Bell

(b) Address Ewing, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-37376