S. No. 300
10-48

FILED MAR 21 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9403

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 15

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

**1. PLACE OF DEATH**
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 E. 6th, St. Rear

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
d. STREET ADDRESS (If rural, give location): 306 E. 6th, St. Rear

**3. NAME OF DECEASED** (Type or Print)
a. (First): LEONARD
b. (Middle):
c. (Last): ANDERSON

**4. DATE OF DEATH** (Month) (Day) (Year): March 3, 1949

**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Aug. 14, 1902
**9. AGE** (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: x
**11. BIRTHPLACE** (State or foreign country): Belzonia, Mississippi
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: x

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: x
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Katherine Jones Caruthersville, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension
DUE TO (c): Nephritis, chronic

11. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Old Cerebral Vascular Thrombosis 2 yrs

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* November, 1949, *to* March 3, 1949, *that I last saw the deceased alive on* March 1, 1949, *and that death occurred at* 3P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] M.D.
**23b. ADDRESS**: Caruthersville, Mo.
**23c. DATE SIGNED**: 7 Mar. '49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar. 6, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Morgan Ridge
**24d. LOCATION** (City, town, or county) (State): Caruthersville, Mo.

**DATE REC'D BY LOCAL REG.**: March 12, 1949
**REGISTRAR'S SIGNATURE**: Tressie B. Wilks 247
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: H. J. Smith Funeral Home Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

3-49-83

JUL 29 1952

## 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Signed William D. Dike

Licensed Embalmer No. 4484

Signed.....
Student Embalmer

P. O. Address Caruthersville, 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.