

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29356**
 BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 3 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C.O. S.		d. STREET ADDRESS (If rural, give location) 208 W. Quincy St.	
3. NAME OF DECEASED (Type or Print) a. (First) Leta		b. (Middle) L.	
c. (Last) March		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 7, 1900
9. AGE (In years last birthday) 51		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) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John M. March		13b. MOTHER'S MAIDEN NAME Estella Fletcher	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME John M. March, Kirksville, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Toxemia		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		INTERVAL BETWEEN ONSET AND DEATH 9 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Intestinal Obstruction 9 days	
DUE TO (c) Carcinoma of Transverse Colon Indefinite		(Primary Site)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		153K	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 13, 1951 to Sept. 14, 1951 , that I last saw the deceased alive on Sept. 14, 1951 , and that death occurred at 6:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John P. Garonson, D.O.		23b. ADDRESS Kirksville, Missouri	
23c. DATE SIGNED 9-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/16/51	
24c. NAME OF CEMETERY OR CREMATORY Willmathsville		24d. LOCATION (City, town, or county) (State) Willmathsville, Mo.	
DATE REC'D BY LOCAL REG. 9-17-51		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 24 1931
DISTRICT HEALTH OFFICE #2
District File Number 9-571693
Date Filed: SEP 24 1931

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.

Student _____
Student Embalmer

Signed _____

Ellie Kessel

Licensed Embalmer No. 4690

P. O. Address Kirksville, 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.