

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11090
Registrar's No. 4

Registration District No. 352

Primary Registration District No. 4209

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location) V
(d) Length of stay: In hospital or institution: _____ (Specify whether _____)
In this community _____ years, months or days -

3. (a) PRINT FULL NAME Anna Mary Leister
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 widowed
6. (b) Name of husband or wife Valentine (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased Aug 5 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 20 hr. min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Matthias Jensen
13. Birthplace Sweden
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Esther Laufenberg
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sylvester Weidung
(b) Address Montrose MO

17. (a) Montrose (b) Date thereof March 28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MO

18. (a) Signature of funeral director See Sylvester Weidung
(b) Address Montrose MO

19. (a) 3-27-40 (b) W. E. Baggely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Montrose
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1940 hour 4 minutes 30 A. - M.

21. I hereby certify that I attended the deceased from Mar 19 1940 to Mar 26 1940
that I last saw her alive on Mar 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction
Due to arterial sclerosis

Due to Chad Allen Myersto

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

Major findings: Of operations None
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 A. L. Hansen (M. D. or other) MD
Address Republic St. Mo. Date signed 2-26-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED Officer No. 7,
District Health 4-40-526
District file Number 4-2-40
Date Filed

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 me
on the 26 day of Mar 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee
Licensed Embalmer No. 1099
P. O. Address Appleton City - Wis

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, above space should be left blank.