

No. 2
16-40
17-2
59

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

14689

Registration District No. 347

Primary Registration District No. 30A 5501A Registrar's No.

1. PLACE OF DEATH:

(a) County Leasville
(b) City, or town Leasville
(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 59 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 1938
_____, 19____, to Apr 9, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention
Duration 30 min

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy none
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 Joseph B. Quinn (M. D. or other) _____
Address Leasville, Mo Date signed 4-11-41

3. (a) PRINT FULL NAME Mary Frances Carleton

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 Married

6. (b) Name of husband or wife Wm P. Jan 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Jan 12 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

12. Name Jamer Carpenter

13. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ameria Hinton

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Monroe Carleton

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 4-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasville

18. (a) Signature of funeral director Consent Rec

(b) Address _____
19. (a) 4-19-41 (b) Joseph B. Quinn
(Date received local registrar) (Registrar's signature)

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 5-41-874

Date Filed 5-13-41

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 J. E. Consolet
Licensed Embalmer No. 1891

P. O. Address

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.