

FILED JAN 21 1946 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 137
(b) Township Clinton Primary Registration District No. 3023
(c) City Clinton (d) Street No. General Hospital Registered No. 195 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Anna LEISMESTER
(a) Residence, No. Montrose mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26-1867
7. AGE YEARS 78 MONTHS 11 DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME John Stepp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Huber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs L. Young

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Dec 11 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Welling Bros Montrose mo

20. FILED 12-23-45 19 R.A. Kenney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7 1945
22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1945 to Dec 7 1945
I last saw her alive on Dec 7 1945. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset ?

Other contributory causes of importance:

Name of operation 61 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify W.E. Baggarly M. D.
(Signed) Montrose mo (Address)

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.

42
1
2

12-45-1357

1-15-46

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,

On ~~Dec 7~~ ^{Dec 7} - 1945, or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No.

1094

P. O. Address

Appleton 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.