No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2864

FILED JAN 21 1946

Registration District No. 17 — Primary Registration District No. 2023 — Registrar's No. 192

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rainey Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 4 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Windsor 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D #4 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Phebe Leverton
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles H Leverton
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 2 (Month) 18 (Day) 1870 (Year)

8. AGE: Years 75 | Months 9 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Sumner (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name James Edwards
13. Birthplace Wales 4 (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known 4 (City, town, or county) (State or foreign country)

16. (a) Informant Charles H Leverton
(b) Address Windsor Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Oak
18. (a) Signature of funeral director Rich Wilkens
(b) Address Windsor Mo
19. (a) 12-22-45 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 day
year 1945 hour 12:30 minute P.M.
21. I hereby certify that I attended the deceased from 12/5 1945 to 12-11 1945
that I last saw her alive on 12-9 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration	
Due to: Atheroma	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 9-30	

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 E. C. Leverton M.D. (M. D. or other)
Address Clinton Mo Date signed 12/14/45

12-21 (Licensed Embalmer's Statement on Reverse Side)

12-45-1354
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, or by ....

...., Registered Apprentice No. ....,

working under my personal supervision.

Signed Fred W. Klusen

Licensed Embalmer No. 2478

P. O. Address Clinton ...

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.