

No. 2  
-12-45  
5-17-39  
I X47070

FILED JAN 20, 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 3023

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

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:  
at Home 537 S. Carter St 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) all life  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET, LEAKE  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Frank Leake  
 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased 11 - 17 1861  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 1 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation house wife

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name John V. Vuleman  
 13. Birthplace about Beckwith  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Randle  
 15. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Leake  
 (b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-7-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodhope Cem

18. (a) Signature of funeral director Consalus + Beck

(b) Address Clinton Mo

19. (a) 1-7-47 (b) R. P. Kerney  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
 (c) City or town Clinton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 537 S. Carter St  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4  
 year 1947 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from  
Jan 3 1947 to Jan 4 1947  
 that I last saw her alive on Jan 4 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronch - pneumonia  
 Due to Organic infection  
 Due to \_\_\_\_\_

Duration  
3 day

Other conditions: Huntington's Chorea  
 (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 S. B. Hughes (M. D. or other) MD  
 Address Clinton Mo Date signed 1/7/47

FEB 24 1947

RECEIVED  
DISTRICT HEALTH OFFICE NO. 7  
2446-2385

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. Consolev  
Licensed Embalmer No. 1891

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.