. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11447

Registration District No. [redacted] Primary Registration District No. ~~4359~~ 5798 Registrar's No. ~~5804~~

1. PLACE OF DEATH:

(a) County: New Madrid

(b) City or town: RURAL La Fonte Twsh
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Jey Wye RFD (Near "Lone Star")
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)

In this community: 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: "RURAL" 079
(If outside city or town limits, write "RURAL")

(d) Street No.: Jey Wye RFD (Near "Lone Star")
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: NO

3. (a) PRINT FULL NAME: Leona Roemine Meinz

3. (b) If veteran, name war: NO

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: A.W. Meinz

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: August (Month) 29 (Day), 1911 (Year)

8. AGE: Years 30 Months 5 Days 28 If less than one day hr. min.

9. Birthplace: Fornfelt (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: Keeping house at home

MOTHER FATHER

12. Name: Ace Roemine

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Nation

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

16. (a) Informant: A.W. Meinz

(b) Address: Portageville, Mo Postoffice

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 27 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Malden, Missouri

18. (a) Signature of funeral director: A.W. Meinz

(b) Address: Portageville Mo

19. (a) 4-24-42 (Date received local registrar) (b) Mrs. J. L. Garrett (Registrar's signature) 12716

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1942 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from the Nineteenth day of February 1942 to Feb 26 1942 that I last saw her alive on February 19 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Severe Anemia	4 years
Due to: Blood Dyscrasia of undetermined type	4 yrs
Due to: Probably Myeloid Leukemia	4 yrs
Other conditions: None (Include pregnancy within 3 months of death)	

740

Major findings:
Of operations: No operation
Of autopsy: No operation

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: W B Camp (M. D. or other) MD

Address: Risco, Missouri Date signed Feb 26, 1942

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.