

FILED MAR 6 1944

Registration District No. 72

Primary Registration District No. 5291

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Leitch Rural
(c) Name of hospital or institution W.D. Leitch - OOT - Home Hosp. Rt 3
(d) Length of stay: In hospital or institution 8 years
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Leitch
(d) Street No. 900 Home Rt 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

HESTA PAUL

3. (b) If veteran, name war None

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 W. H. Clark 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 11 - 1871

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1944 hour 5 minute 30 A.

21. I hereby certify that I attended the deceased from March 1, 1943 to Feb 15, 1944
that I last saw her alive on Feb 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis Duration 10 yrs.

8. AGE: Years 73 Months 1 Days 4 hr. 0 min.

9. Birthplace Craig, Rosemeade Co. Mo. (State or foreign country)

10. Usual occupation Home wife

11. Industry or business

12. Name Casper D Schmidt
13. Birthplace Germany
14. Maiden name Louise Schmidt
15. Birthplace St. Louis Mo

16. (a) Informant Paul R. Royer, Capt

(b) Address Leitch Mo

17. (a) Burial (b) Date thereof Feb. 17-1944

(c) Place: burial or cremation 900 Home Leitch Mo

18. (a) Signature of funeral director Clayton Archer Co

(b) Address Leitch Mo

19. (a) Feb 15-44 (b) Deleat Early

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations 99 Of autopsy 99

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Quinton Maltby (M. D. or other) M.D.
Address Leitch Mo Date signed 2-15-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 3-3-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty Mo

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.