V. S. No. 2
.00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25147

State File No.

Registration District No. 205 Primary Registration District No. 5740 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Macon
(b) City or town "Rural" Lingo Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles south of New Cambria
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon
(c) City or town New Cambria "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles south of New Cambria
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Mitch
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March (Month) 1 (Day) 1872 (Year)

8. AGE: Years 72 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business "
12. MOTHER FATHER Name Joseph Mitch
13. Birthplace — (City, town, or county) Germany (State or foreign country)
14. Maiden name Teresa Hepp
15. Birthplace — (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Margaret Mitch
(b) Address New Cambria, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director H. D. Gilleland
(b) Address New Cambria, Mo.
19. (a) July 25, 1944 (Date received local registrar) (b) Almera M. Gilleland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from July 20, 1944 to July 24th, 1944 that I last saw him alive on July 24th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ascending Paralysis	4 Day
Due to Orbical Hemorrhage	4 dy
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy no

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 A. A. Wist (M. D. or other)
Address New Cambria, Mo. Date signed July 25 1944

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 8-44-14
Date Filed AUG 11 1944

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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.