

FILED JUL 16 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 32

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Emma Marie LeLah

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph LeLah

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE:

Years 79 Months 4 Days 13 If less than one day _____ min.

9. Birthplace Saint Charles, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Treeman LeLah

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

14. Maiden name Emma Hill

15. Birthplace New Madrid Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Miss McKee

(b) Address Portageville

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 15, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director D. L. LeLah Funeral Parlor

(b) Address Portageville, Mo.

19. (a) 6-15-45 (Date received local registrar)

(b) Allen Dedele (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1945 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 15 to June 12, 1945.
that I last saw her alive on June 13, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Respiratory failure
Due to: Cerebral Apoplexy Duration 3 days
Due to: Hypertension Duration 7 days
Other conditions: None Duration 10 years

Major findings: Of operations none Of autopsy none
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? _____

23. Signature A. P. Coural (M. D. or other) M.D.
Address Portageville, Mo. Date signed 6-15-45

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

MOTHER FATHER

1569

RECEIVED

District Health Office No. 2

District File Number 745-954

Date Filed 7-13-45

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 *Leonard J. Vargo*.....

Licensed Embalmer No. 4336

P. O. Address *Fortageville, 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.