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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

223178

FILED JUL 29 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99

Primary Registration District No. 5378

Registrar's No. 46

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town King City Mo. R.R.
(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 All Life. (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32
(c) City or town King City Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth L. Veale.

3. (b) If veteran, name war. No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race Cau. 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Clam C. 6. (c) Age of husband or wife if alive. 62 years
7. Birth date of deceased. June 9 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 17 hr. min.

9. Birthplace Gentry Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Same.

12. Name David N. Leonard. 91
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Etta Ann Thrasher.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clam C. Veale.

(b) Address King City Mo. R.R.

17. (a) Burial (b) Date thereof 5.28.46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director R.A. Naggart.

(b) Address King City Mo.

19. (a) June 10-46 Rosie Davidson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26.
year 1946 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 46
_____ 19____ to May 26 1946
that I last saw er alive on May 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Lesion (4yr)
Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 950

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 EM Reynolds (M. D. or other)
Address Union Star Mo Date signed 5-27-46

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

MOTHER FATHER

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 *R. G. Taggart*.....

Licensed Embalmer No. 2563.....

P. O. Address King City 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.