

FILED SEP 16 1946

Registration District No. 549

Primary Registration District No. 4514

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Five years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME EVIZACTANE LEONARD

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Leonard 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec. 24 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 9 If less than one day hr. _____ min. _____

9. Birthplace De Kalb Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm Moses Roberts
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Jane Morris
15. Birthplace Jenn.
(City, town, or county) (State or foreign country)

16. (a) Informant A. P. Elder
(b) Address Green City Mo.
17. (a) Burial (b) Date thereof 9-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cem.

18. (a) Signature of funeral director Thomas E. Keul's Son
(b) Address Green City Mo.
19. (a) 9-7-1946 (b) Luva Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1946 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 10 1946, to Sept 2 1946
that I last saw her alive on Sept 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature E. R. Pfeiffer (M.D. or other) MD
Address Green City Mo. Date signed 9-7-46

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

32
0
3
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

319

SEPT 21 1946

RECEIVED
District Health Officer No. 10
District File Number 9-46-1739
Date Recd. SEP. 11 1946

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.