No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25919

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 106

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Robertsville (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 years, months or days) In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin
(c) City or town Robertsville, Mo (If outside city or town limits, write "RURAL")
(d) Street No. R #1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Levi Wesley Michael
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 7 (Day) 1862 (Year)
8. AGE: Years 85 Months 9 Days 2 If less than one day hr. min.
9. Birthplace Crawford Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Railroad watchman
11. Industry or business Wabash Railroad
MOTHER FATHER
12. Name John Michael
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Rainey Cook
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Delphie O'Neal
(b) Address Robertsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo.
18. (a) Signature of funeral director Casey & Lenox
(b) Address St. Clair, Missouri
19. (a) 8/12/48 (Date received local registrar) (b) Mary B Strong (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Ninth year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 7/5/48, 19..., to 7/9, 1948, that I last saw him alive on 7/9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to CACHEXIA	1 mo.
Due to CHRONIC NEPHRITIS	—
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations STRANGULATED INGUINAL HERNIA 7/5/48
Of autopsy

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 John Steinbeck (M. D. or other) MD
Address Pacific, Mo Date signed 8/10/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1948

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed AUG 24 1948

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 David C. Russell

Licensed Embalmer No. 4520

P. O. Address St. Clair, 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.