

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 2-24

Primary Registration District No. 5796 3046

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Montezy County
(b) City or town California
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LEYENRA JANE HOWARD ROBERTSON

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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 10 1864
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jack Howard
13. Birthplace Montezy Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Kelly
15. Birthplace Montezy Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Stella Howard
(b) Address California Mo.

17. (a) Burial (b) Date thereof Oct 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Salem Cem.

18. (a) Signature of funeral director: Hugh C. Williams
(b) Address California Mo.

19. (a) 10-27-45 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1945 hour 3 minute A M.
21. I hereby certify that I attended the deceased from May 3
1945 to Oct. 20 1945
that I last saw her alive on Oct. 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature: H. J. Davis (M.D. or other) D.O.
Address California Mo Date signed 10/24/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

11-7-45

NOV 8 1945

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..... *Hugh E. Hillman*

Licensed Embalmer No. *3537*

P. O. Address *California Mrs*

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.