

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

42149
Do not use this space.

1938 JAN 23 1939

1. PLACE OF DEATH

(a) County Johnson Registration District No. 29

(b) Township Jacks Primary Registration District No. 4014 Registered No. _____

(c) City Jacks Mo (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Leap

(a) Residence, No. Jacks Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>00</u>	<u>00</u>	<u>00</u>	<u>00</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacks Mo

FATHER

13. NAME Olau Leap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacks Mo

MOTHER

15. MAIDEN NAME Northey Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacks Mo

17. INFORMANT (ADDRESS) Olau Leap
Jacks Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacks Mo DATE Nov 14 1938

19. FUNERAL DIRECTOR (ADDRESS) W. C. ...
Jacks Mo

20. FILED Nov 13 1938 Cum Vangh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to Nov 13 1938

I last saw him alive on Nov 13 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Premature birth 6 months.
Deficiency encephalitis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Dr. E. J. Hasbell M. D.

(Signed) Jacks Mo (Address) Jacks Mo

STATEMENT BY LICENSED EMBALMER

I, W. S. [Signature], Licensed Embalmer No. 3381
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. [Signature]
L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. S. [Signature]
Licensed Embalmer No. 3381

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.)