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

REC'D APR 25 1939

11994
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 1 Registration District No. 732
(b) Township Moniteau Primary Registration District No. 4437 Registered No. 732
(c) City Higbee (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Louisa Leonard
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James F Leonard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1851
7. AGE: Years 88 Months Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph 0

FATHER
13. NAME Francis Whitmore 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Mary Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Cassie Burchman Higbee, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE April 7 1939
19. FUNERAL DIRECTOR (ADDRESS) C. L. Ireland Higbee Mo
20. FILED April 6 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1939
22. I HEREBY CERTIFY, That I attended deceased from March 21 1939 to April 5 1939
I last saw her alive on April 5 1939 Death is said to have occurred on the date stated above, at 12-15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Influenza	3-29
420	
Other contributory causes of importance: endocarditis	1-28-

Name of operation None Date of
What test confirmed diagnosis? Almost Was there an autopsy? No

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
(Signed) [signature] M. D.
666 (Address) Higbee, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-690
Date Filed APR 15 1939

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 1399

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. L. Fulan

Licensed Embalmer No. 1399

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.)