

REC'D MAY 22 1939

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

15378  
Do not use this space.

Registered No. 39

1. PLACE OF DEATH

(a) County Linn Registration District No. 496

(b) Township Brookfield Primary Registration District No. 3025

(c) City Brookfield (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME Charles Henry Leaphart

(a) Residence, No. 202 Macon St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Eliza Leaphart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9-1851

7. AGE YEARS 88 MONTHS 3 DAYS 2 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. Retired R.R. Eng. Gen.

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) Crawford County Pennsylvania

FATHER

13. NAME Francis Leaphart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Sarah Jane Farling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Geo. E. Howard Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery DATE April 13, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hill Funeral Chapel Brookfield Mo

20. FILED May 1, 1939 John A. Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-11 1939

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19\_\_\_\_, to April 11, 1939

I last saw him alive on April 10, 1939. Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Coronary occlusion Date of onset 30 days ago

Other contributory causes of importance: prostatitis and chronic nephritis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? no

If so, specify \_\_\_\_\_ (Signed) W.B. Simpson M.D. (Address) Brookfield Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-840

Date Filed MAY 3 1939

**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, .....

*J. H. Blacklock*

or by .....

Registered Apprentice No. .... working under my personal supervision.

Signed *J. H. Blacklock*

Licensed Embalmer No. 2246

P. O. Address Brookfield, 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, above space should be left blank.**