

1939 OCT 13 1939

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

32962
Do not use this space.

1. PLACE OF DEATH

(a) County Marion ² Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City or Hannibal (d) Street No. 2009 Eryin 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.

Registered No. 265

2. PRINT FULL NAME Kenneth W. Leonard

(a) Residence, No. 2009 Eryin 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-11-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 3 30

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) Hannibal (STATE OR COUNTRY) Mo

FATHER 13. NAME Roy J. Leonard

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

MOTHER 15. MAIDEN NAME Lillian Bates

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

17. INFORMANT (ADDRESS) Ray J. Leonard
2009 Eryin Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE Sept-11-1939

19. FUNERAL DIRECTOR (NAME) James Edmonson (ADDRESS) Hannibal Mo

20. FILED Sept 14 1939 W. J. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-10-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

Suffocation
By Foreign on face in bed
Date of onset _____
Other contributory causes of importance: 1870
116

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 Suffocation
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James Edmonson coroner
(Address) Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

E. 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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5

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.