

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

43646
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Primary Registration District No. 3020 Registered No. 248
 or Carthage
 (c) City (d) Street No. 125 N. Garrison Ave. 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johnnie Clyde Leonard
 (a) Residence, No. 125 N. Garrison Ave. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Zelpha Meador Leonard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
39 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) Fall City /
 (STATE OR COUNTRY) Neb. /

FATHER 13. NAME Martin Luther Leonard
 14. BIRTHPLACE (CITY OR TOWN) Greensburg /
 (STATE OR COUNTRY) N. Carolina /

MOTHER 15. MAIDEN NAME Jennie Stouffer
 16. BIRTHPLACE (CITY OR TOWN) Columbiana
 (STATE OR COUNTRY) Ohio

17. INFORMANT Zelpha Leonard
 (ADDRESS) 125 N. Garrison

18. BURIAL, CREMATION OR REMOVAL PLACE Harvey Cem DATE 1-2- 19 40

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED Jan. 2 1940 E. J. McEntire, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1939

22. I HEREBY CERTIFY That I attended deceased from Aug 7, 1939, to Dec 31, 1939
 I last saw alive on Dec 25, 1939 Death is said to have occurred on the date stated above, at 2:45 A. M.
 The principal cause of death and related causes of importance were as follows:

Acute Hemorrhage
alone from Erysipelas
glorial
 Date of onset 31, 1939
Hb

Other contributory causes of importance:
Erysipelas glorial July 1939

Name of operation Ligature Date of Aug 27, 39
 What test confirmed diagnosis? ↑ Was there an autopsy? 2

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) M. J. Harris, M. D.
 (Address) Carthage, 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. 6,

District File Number 1010-114

Date Filed JAN 9 1940

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 *Edell...*

Licensed Embalmer No. 2222

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.