

STANDARD CERTIFICATE OF DEATH

State File No. 2635

FILED FEB 3 1940

Registration District No. 406 Primary Registration District No. 4240

Registrar's No. 406

1. PLACE OF DEATH:

(a) County Jasper 3
(b) City or town Carl Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 14 yrs
years, months or days)

3. (a) PRINT FULL NAME CLARA JUNE LEATHERMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1925
(Month) (Day) (Year)

8. AGE: Years 14 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Carl Junction, Mo. R1
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business School Pupil

MOTHER FATHER { 12. Name Dorrence C. Leatherman

18. Birthplace Mulberry Grove Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Anna McCumber

15. Birthplace Carl Junction Mo. R1
(City, town, or county) (State or foreign country)

16. (a) Informant Dorrence C. Leatherman

(b) Address 107 Miller Carl Junction Mo.

17. (a) Burial (b) Date thereof Jan 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Robert Funeral Service

(b) Address 102-106 N. Main Carl Junction Mo.

19. (a) Jan 23 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carl Junction
(If outside city or town limits, write "RURAL")

(d) Street No. 107 Miller
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1940 hour 6 minute 50 p. M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____;

that I last saw her dead alive on January 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Basal fracture of skull

Due to Automobile accident pedestrian

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Inquest

22. If death was due to external causes, fill in the followings

(a) Accident, suicide, or homicide (specify) accident 5

(b) Date of occurrence January 22 - 1940

(c) Where did injury occur Carl Junction Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway accident

While at work? No (Specify type of place) (e) Means of injury Automobile

23. Signature A. F. Winchester (M. D. or other)

Address Jasper, Mo. Date signed 1-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Carl Junction, 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.