

WRITE FULL NAME OF DECEASED IN BLACK INK—MAKE 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.

Registration District No. 721

Primary Registration District No. 4249

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
(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) 7

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

In this community 16 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Amab J. Leon 57-11

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Siebert

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

7. Birth date of deceased Aug., 26, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 7 0 hr. _____ min.

9. Birthplace Ste. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business General Farming

MOTHER FATHER

12. Name Unknown g

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Logardain Bantz

(b) Address Festus Missouri

17. (a) Burial (b) Date thereof 3/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River Aux Vasse Mo.

18. (a) Signature of funeral director Quetta Vignard

(b) Address Festus Mo.

19. (a) 3-27-40 (b) J. E. Rutledge, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour 6:00 minute 0 M.

21. I hereby certify that I attended the deceased from July 8, 1939, to March 25, 1940
that I last saw him alive on March 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia 18-39
Duration

Due to _____

Due to 7/11

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 39?

23. Signature J. E. Rutledge (M. D. certifying) 1
Address Festus, Mo. Date signed 3/27-40

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.....

H. W. Wingard, Registered Apprentice No.

working under my personal supervision.

Signed

H. W. Wingard

Licensed Embalmer No.

3010

P. O. Address

Justus

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.