

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 733Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County RANDOLPH
 (b) City or town HUNTSVILLE
 (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) 70

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

In this community _____ years, months or days 3623. (a) PRINT FULL NAME JAMES WESLEY LEATHERS

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

4. Sex
- M
5. Color or race
- W
6. (a) Single, widowed, married, divorced
- WIDOWED

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

7. Birth date of deceased
- July 9 1857
-
- (Month) (Day) (Year)

8. AGE: Years
- 82
- Months
- 7
- Days
- 28
- If less than one day _____ hr. _____ min.

9. Birthplace
- Macon County
- (City, town, or county) (State or foreign country)
- 0

10. Usual occupation
- Farmer

11. Industry or business _____

- MOTHER FATHER { 12. Name James Richard Leathers
 13. Birthplace Virginia (City, town, or county) (State or foreign country)
 14. Maiden name Starak Summers
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Mrs. Mathie Marshall
-
- (b) Address
- Huntsville, Mo

17. (a)
- Burial
- (b) Date thereof
- Mar. 9 1940
-
- (Burial, cremation, or removal) (Month) (Day) (Year)
-
- (c) Place: burial or cremation
- Huntsville, Mo

18. (a) Signature of funeral director
- Paul J. Patton
-
- (b) Address
- Huntsville, Mo

19. (a)
- Apr-1-1940
- (b)
- Mrs. D. B. Barnhart
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Randolph
 (c) City or town Huntsville - Mo.
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- March
- day
- 7
- ^{th.}
-
- year
- 1940
- hour
- 6:00
- minute
- P.M.

21. I hereby certify that I attended the deceased from
- Feb. 29
-
- 1940
- , to
- March 7
- ,
- 1940
-
- that I last saw him alive on
- March 6
- ,
- 1940
-
- and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration 1 dayDue to Arterial Hypertension 6 monthsDue to Angina PectorisOther conditions _____
(Include pregnancy within 3 months of death) NAMajor 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?

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature
- H. H. Roberts
- (M. D. or other)
- MD
-
- Address
- Huntsville, Mo.
- Date signed
- 7/1/40

RECEIVED

District Health Officer No. 10

District File Number 4-40-741

Date Filed APR 2 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Me

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.