

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (c) Name of hospital or institution:
1010 Valley (If not in hospital or institution, write street number or location) 21
 (d) Length of stay: In hospital or institution — (Specify whether
 In this community — years, months or days)

3. (a) PRINT FULL NAME Andrew P. Leslie

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 married

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

7. Birth date of deceased Dec 10 1853
 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Clark County, Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business none

MOTHER FATHER { 12. Name James Leslie

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

14. Maiden name Rose Ann Smith

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

16. (a) Informant's own signature Mrs Ethel C. Burt

(b) Address 1010 Valley, Carthage, Mo.

17. (a) burial (b) Date thereof Aug 13, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denton Cemetery

18. (a) Signature of funeral director Kell Mortuary

(b) Address Carthage, Missouri

19. (a) Aug 12, 1940 (b) E. J. Mc Intire, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage (If outside city or town limits, write "RURAL")
 (d) Street No. 1010 Valley (If rural, give location)
 (e) If foreign born, how long in U. S. A. — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1940 hour 120 minute A M.

21. I hereby certify that I attended the deceased from Aug 6, 1940, to Aug 11, 1940

that I last saw him alive on Aug 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 5 days

Due to —

Due to —

Other conditions Senility
 (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? 865 (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 —

23. Signature Harvey E. Boyd (M. D. —)

Address Carthage, Mo. Date signed 8-12-40

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.

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 P. W. Kneel

Licensed Embalmer No. 514

P. O. Address Carthage 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.