

FILED OCT 18 1940

Registration District No. **771**

Primary Registration District No. **4284**

Registrar's No. **81**

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

1. PLACE OF DEATH:

(a) County **Laurens**
(b) City or town **Pierce City, Mo**
(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 **2**
In this community **4 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town _____ (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 **Walter James Leonard**

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

4. Sex **male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Sarah** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased. **May 7 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Mich.** (City, town, or county) (State or foreign country)

10. Usual occupation **carpenter**

11. Industry or business _____

12. Name **James Leonard**

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

14. Maiden name **Orin Run**

15. Birthplace **Orin Run** (City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Leonard**

(b) Address **Pierce City, Mo**

17. (a) _____ (b) Date thereof **Sept 20 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pierce City, Mo**

18. (a) Signature of funeral director **Wm. Marshall Jr.**
(b) Address **Pierce City, Mo**

19. (a) **Sp. 29** (b) **E. B. Wright**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28**
year **1940** hour **11** minute **M.**

21. I hereby certify that I attended the deceased from **Jan 1st**, 19**40**, to **Sept 28th**, 19**40**; that I last saw him alive on **Sept 25th**, 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Coronary Heart Failure - Myo**

Due to **94 B**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **422** (Specify type of place) (e) Means of injury **3**

23. Signature **Dr. C. A. Jungardner** (M. D. or other) **D.**
Address **Pierce City, Mo** Date signed **Sept 30**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1040-2708

Date Filed OCT 14 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 me.

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John Russell Jr

Licensed Embalmer No. 1512

P. O. Address Pearce City 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.