

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35643**

NOV 20 1940 431
Registration District No. **431**

Primary Registration District No. **5588**

Registrar's No. **122**

1. PLACE OF DEATH
(a) County Johnson
(b) City or town Warrensburg, Rural - Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 76 yrs.
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Larnaldelle Leary
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John C. Leary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May - 13 - 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name James Fickay

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

14. Maiden name Nancy Baker

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

16. (a) Informant's own signature Mrs. Oscar Dalemman

(b) Address Knobroster Mrs. Rt. 1

17. (a) Burial (b) Date thereof Oct 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hills

18. (a) Signature of funeral director Sweeney Phillip

(b) Address Warrensburg, Mo.

19. (a) Oct 4 - 1940 (b) Bertie Gentry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
State Missouri (b) County Johnson
(c) City or town Warrensburg - Rural
(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 Oct day 3
year 1940 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Sept 4 40
to Oct 3 40
that I last saw her alive on Oct 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Sore Throat of nose
Duration _____

Due to _____
Due to _____ 115 C

Other conditions Seriaty
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none
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 _____

23. Signature Wm Patterson (M. D. or other) _____

Address Warrensburg Mo Date signed 10-4-40

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.

RECEIVED
District Health Officer No. 8,
State File Number
Date Filed 11-14-40

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.....

Carl Priest, Registered Apprentice No.....
working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrington?*

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.