

No. 2  
1-10-39  
5-17-40  
I X 10

State File No. \_\_\_\_\_

DEC 14 1940

Primary Registration District No. 4027

Registrar's No. 21

1. PLACE OF DEATH: Bates  
 (a) County \_\_\_\_\_  
 (b) City or town Adrian, Maumond Twp.  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community 12 years  
 years, months or days

3. (a) PRINT FULL NAME Laura Frances Leasley  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Robert Lee Leasingham 6. (c) Age of husband or wife if alive 77 years  
 7. Birth date of deceased November 7 1865  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>3</u>	hr. min.

9. Birthplace Milton, Randolph Co., Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 { 12. Name George William Leasley  
 { 13. Birthplace Kentucky  
 { 14. Maiden name Cynthia Sales  
 { 15. Birthplace Mo. Ky.

16. (a) Informant Mrs. B. J. Gould  
 (b) Address Adrian, Mo.

17. (a) Burial (b) Date thereof 11-12-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Leath & Son  
 (b) Address Adrian, Mo.

19. (a) Nov 18 1940 (b) Ethel C. Stephens  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Bates  
 (c) City or town Adrian, Maumond Twp.  
 (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 Nov day 10  
 year 1940 hour 5 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from Oct 26  
 \_\_\_\_\_, 1940, to Nov 10, 1940;  
 that I last saw her alive on Oct 28, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to 110  
 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? \_\_\_\_\_

50 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 3  
 23. Signature D. L. Colson (M. D. or other) Do  
 Address Adrian, Mo. Date signed 11/14/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1735-

Date Filed 12-10-40

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**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 *A. P. Dix*

Licensed Embalmer No. 3650

P. O. Address Adrian Ma

**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.